District of:
 Ontario

 Division No.
 09 - Toronto

 Court No.
 31-2815490

 Estate No.
 31-2815490

## FORM 31 / 36 Proof of Claim / Proxy In the Matter of the Proposal of DR ALEXANDER FU DENTISTRY PROFESSIONAL CORPORATION of the City of Markham in the Province of Ontario

All notices	or correspondence regarding this claim	must be forwarded to t	he following address:	
	matter of the proposal of DR ALEXAND nd the claim of		ROFESSIONAL CORPORATION of the City of N	Markham in the Province
				appoint
matter, exce	ept as to the receipt of dividends,	, or (with or withou	, a creditor in the above matter, hereby, to be my proxy ut) power to appoint another proxyholder in his or	her place.
			entative of the creditor), of the city of	
1. Tha creditor).	t I am a creditor of the above named de	ebtor (or I am	(position/title) of	
2. Tha	t I have knowledge of all the circumstar	nces connected with the	e claim referred to below.	
\$ after deduct	, as specified in the	statement of account (	of March 2022, and still is, indebted to the creditor affidavit or solemn declaration) attached and nuched statement of account or affidavit must spec	narked Schedule "A",
4. (Che	eck and complete appropriate category.  A. UNSECURED CLAIM OF \$	·='	_	
	(other than as a customer contempla	ated by Section 262 of t	he Act)	
Th	at in respect of this debt, I do not hold a	•	<del>-</del>	
	Regarding the amount of \$		ropriate description.) claim a right to a priority under section 136 of the	e Act.
	Regarding the amount of \$			
_			neet details to support priority claim.)	
	B. CLAIM OF LESSOR FOR DISCLA			
Tha	It I hereby make a claim under subsection of the full particulars of the full particular of the full parti		articulars of which are as follows: g the calculations upon which the claim is bo	ased.)
	C. SECURED CLAIM OF \$			
(Giv			as security, particulars of e security was given and the value at which you	
	D. CLAIM BY FARMER, FISHERMA	N OR AQUACULTURI	ST OF \$	
Tha			r the unpaid amount of \$	
	(Atta		greement and delivery receipts.)	
	That I hereby make a claim under su			
	That I hereby make a claim under su	( )		
	•	, ,	RDING PENSION PLAN OF \$	
	That I hereby make a claim under su		, <del></del>	
	That I hereby make a claim under su			

## FORM 31/36 --- Concluded

L		6. CLAIM AGAINST DIRECTOR \$_							
Ť	hat I h	completed when a proposal provide ereby make a claim under subsection Il particulars of the claim, including	on 50(13) of the	Act, particulars	of which are as follows:				
	] ⊦	I. CLAIM OF A CUSTOMER OF A E	BANKRUPT SE	CURITIES FIRI	М \$				
		ereby make a claim as a customer ill particulars of the claim, including				particulars of which are as follows	<b>S</b> :		
5. T	That, to e meai	o the best of my knowledge, I ning of section 4 of the Act, and	(am/am (ha	not) (or the abave/has/have no	ove-named creditor	(is/is not)) related to the debtor in a non-arm's-length manner	debtor er.		
the mean	ning of re relate ne date	ne following are the payments that I I is subsection 2(1) of the Act that I hat ted within the meaning of section 4 ce of the initial bankruptcy event with	ive been privy to of the Act or wer	o or a party to vere not dealing w	with the debtor within the the interpretation in the training the depth of the training training to the training training the training tr	hree months (or, if the creditor an igth, within the 12 months) immed	nd the liately		
7. (.	'Applic	able only in the case of the bankrup	otcy of an individ	dual.)					
_	_	Whenever the trustee reviews the fin payments under section 68 of the A the fact that there is no longer surpli	ct, I request to b						
		I request that a copy of the report filed by the trustee regarding the bankrupt's application for discharge pursuant to subsection 170(1) of the Act be sent to the above address.							
Dated at _			, this	day of					
Witness					Individual Creditor				
Witness									
					Name of Corporate Credi	tor			
				Per					
					Name and Title of Signing	Officer			
Return To	<b>)</b> :								
					Phone Number:				
					Fax Number: E-mail Address:				
MNP Ltd.	- Lice	nsed Insolvency Trustee							
1002-148	Fullar	ton Street							
London O	N N6A	√ 5P3							
Fax: (519) E-mail: lor		2210 eception@mnp.ca							
NOTE:		fidavit is attached, it must have been made before a p	erson qualified to take	affidavits.					
WARNINGS:		ee may, pursuant to subsection 128(3) of the Act, rede y, by the secured creditor.	eem a security on paym	ent to the secured cred	ditor of the debt or the value of the secu	rity as assessed, in a proof of			

Subsection 201(1) of the Act provides severe penalties for making any false claim, proof, declaration or statement of account.