

SCHEDULE “B” – THIRD-PARTY AUTHORIZATION

This Schedule is to be completed only if the Claim is being submitted on behalf of a Settlement Class Member by a representative (including a third-party claims service or lawyer of their own choosing).

Contact Information for Person completing this authorization:

Name:	
Title/Position:	
Address:	
Email:	
Phone:	

I, _____ [*name of Settlement Class Member*] authorize _____ [*name of representative*] to file a Claim in the Second Canadian Air Cargo Price-Fixing Distribution on my behalf.

I understand that the claims filing process was designed to enable Settlement Class Members to file Claims without the assistance of an agent and that the Settlement Class Member can contact the Claims Administrator at no charge to ask questions about the claims filing process.

I have reviewed the information to be submitted by my representative as part of the Claim Form, including the quantum of my Airfreight Shipping Services. I understand that my representative will be claiming for Airfreight Shipping Services totalling \$_____. I can attest based on personal knowledge that the information to be submitted by the representative, including the total purchases claimed, accurately reflects my business records.

I understand that all communications relating to the Claim will be directed towards my representative and that any resulting payment will be issued to my representative.

DATED at _____ [*city*], in the Province of _____, this _____ day of _____, 2022.

Name

Signature

I have the authority to bind the corporation