Appendix A
FAIRFIELD SIGMA LIMITED (IN LIQUIDATION)
INVESTOR CLAIM FORM

SIG # _____

Please complete this form in block capital letters in its entirety and return it to us so that we may process your claim. This information will be used to send regular correspondence to you/your company which could be of a general or confidential nature.

Name of Creditor or Claimant				
☐ **Company**	**Full Name of company:**			
☐ **Individual**	**Last Name:**	**First Name:**	**Middle Initial:**	☐ Mr ☐ Mrs ☐ Miss ☐ Ms
Contact Person (If Company):	**Last Name:**	**First Name:**	**Middle Initial:**	☐ Mr ☐ Mrs ☐ Miss ☐ Ms

Address			
Street:		**Apt. #:**	**P.O. Box:**
City:	**State:**	**Country:**	**Postal Code:**
Email Address of Contact:			
Telephone Number of Contact:		**Fax Number of Contact:**	

Amount of Claim		**Number of Shares**	
Currency:	**Amount:**	**Amount in words:**	

I/We CERTIFY that the above information is complete and correct to the best of my knowledge and belief and I/we undertake that, I/we will notify the Liquidators of any material changes affecting the accuracy and/or completeness of the details provided above.

I/We also hereby AUTHORISE the Liquidators to make such enquiries and seek such further information as they think appropriate in verifying the information given in this Investor Claim Form, or in any other documents submitted as part of this claim.

I/We also hereby acknowledge that the provision of this information does not give rise to any admission of any claim that I/we may have in the Liquidation of the Company by the Liquidators. The Liquidators reserve their rights to admit, adjust or reject any portion of any claim at any time pursuant to the provisions of the British Virgin Islands' Insolvency Act, 2003.

Signature: _____   **Date:** _____

Appendix B		
Fairfield Sigma Limited (In Liquidation) **Subscription and Redemption Form**		
		SIG # _____
Name of Registered Shareholder:		
Holder ID:		
Account ID:		
Date:		
	Shares	**US Dollar Value**
Subscriptions		
Date		
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
Total		
Redemptions		
Date		
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
Total		
Please use an additional sheet should you require the space.		