

**APPENDIX G**

**CLAIM FORM**

I hereby certify I was a Bell Canada Customer with the corresponding telephone number set out below and am the individual entitled to reimbursement under the Settlement Agreement dated \_\_\_\_\_, 2004. I wish to participate in the settlement in respect of the Bell Canada First Rate Plan.

Please Print

Telephone Number including Area Code  
as of September 28, 2000

\_\_\_\_\_

Current Telephone Number

\_\_\_\_\_

Name

\_\_\_\_\_

Address as of September 28, 2000

\_\_\_\_\_

Current Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CUSTOMER SIGNATURE

**IF AVAILABLE, PLEASE ENCLOSE YOUR TELEPHONE INVOICES FROM SEPTEMBER 2000 TO JANUARY 2001.**

This Claim Form may be submitted to Bell Canada before September 8, 2004 as follows:

1. By email transmission to Bell Canada at: [recourscollectif@bell.ca](mailto:recourscollectif@bell.ca) and [classactionsuit@bell.ca](mailto:classactionsuit@bell.ca)
2. By mail to Bell Canada at: P.O. Box 1111, Station Maison de la poste, Montreal (Quebec) H3B 3K9