

## Reminder checklist

- Step 1: Please fill out the requested information on the Claim Form.
- Step 2: Please complete the Schedule of Transactions and attach a copy of bank statements or other documentary evidence demonstrating the number of Shares that the Entitled Party sold and the time at which each of those Shares was sold.
- DO NOT SEND ORIGINALS OF ANY SUPPORTING DOCUMENTS**
- Step 3: Make sure the Claim Form is signed.
- Step 4: Please complete the requested information on the Bank Account Form.
- Step 5: Make sure the Bank Account Form is signed.
- Step 6: Keep a copy of your Claim Form, Schedule of Transactions and Bank Account Form and all documentation submitted for your records.
- Step 7: Send the original Claim Form (keep a copy of your claim form for your records), the Bank Account Form and a copy of bank statements or other documentary evidence demonstrating the number of Shares that the Entitled Party sold and the time at which each of those Shares was sold to: Randstad, attn. Mr. J. Miedema, PO Box 12600, 1100 AP Amsterdam, The Netherlands.

Please read the following documents carefully and fill out the requested details.

Check [www.vediorsettlement.com](http://www.vediorsettlement.com) regularly for further information.

# CLAIM FORM VEDIOR SETTLEMENT

**YOU ARE REQUESTED TO COMPLETE THIS CLAIM FORM, SIGN IT AND SEND IT BY MAIL, TO THE FOLLOWING ADDRESS, BEFORE MARCH 1, 2010:**

**RANDSTAD  
attn. Mr. J. Miedema  
PO Box 12600  
1100 AP Amsterdam  
The Netherlands**

## PROOF OF CLAIM

**PLEASE FILL OUT YOUR COMPLETE NAME AND CONTACT DETAILS**

Name \_\_\_\_\_  
(Beneficial Owner, First, Middle Initial, Last)

Entity Beneficial Owner \_\_\_\_\_  
(insert when Entitled Party is not a natural person)

Address \_\_\_\_\_  
number suffix

Zip Code \_\_\_\_\_ City \_\_\_\_\_

Country \_\_\_\_\_

Telephone \_\_\_\_\_ / \_\_\_\_\_  
Daytime telephone Evening telephone

E-mail address \_\_\_\_\_

The person submitting this claim is a, or regards a (please check the relevant box):

- Natural person      M/V\*       Legal entity  
 Inheritance       Other (please specify) \_\_\_\_\_

\* please delete as appropriate



# BANK ACCOUNT FORM

**Please attach this form to the Claim Form.  
All information will be treated confidentially.**

**The undersigned wishes to receive the compensation for the claim on the following bank account:**

Bank account number<sup>1</sup>\* \_\_\_\_\_

IBAN\* \_\_\_\_\_

SWIFT / BIC\* \_\_\_\_\_

Bank\* \_\_\_\_\_

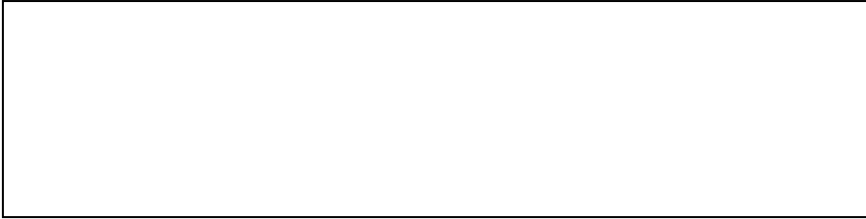
## **Bank account held by:**

Name\* \_\_\_\_\_

Address\* \_\_\_\_\_  
number\* suffix

Zip Code\* \_\_\_\_\_ City\* \_\_\_\_\_

Country\* \_\_\_\_\_

Signature\* 

Date\* \_\_\_\_\_

\* mandatory fields

<sup>1</sup> Please indicate below the account number to which the payment must be transferred and all the information necessary to make payment (IBAN/SWIFT/BIC and comparable codes used for international payment transactions)