

CLAIM FORM

PROVIDENT, GLO, SATSUMA, GREENWOOD

CLAIM FORM

Please complete this form to submit a claim in the Scheme. You can find more information about the Scheme, including Frequently Asked Questions, at the Website (<https://scheme.providentpersonalcredit.com>). In this form, a reference to a "Customer" includes both a borrower and a guarantor of a loan made by Provident, Glo, Satsuma or Greenwood.

An online version of this Claim Form is included in the Claims Portal which can be found on the Website at <https://scheme.providentpersonalcredit.com>. If you have internet access, then this will be the most straightforward way for you to submit a claim in the Scheme.

If you are having issues creating an account or submitting your claim please speak to our customer helpline on 0800 056 8936.

<p>1. To make a claim in the Scheme, please complete this Claim Form.</p> <p>2. If you are not using the Claims Portal, then sign the Claim Form and return it to us:</p> <p>a. by email to: soa@provident.co.uk; or</p> <p>b. by post to: The Scheme of Arrangement Team, Provident SPV Limited, 1 Godwin Street, Bradford, West Yorkshire, BD12SU</p>	<p>Important notes about claims:</p> <ul style="list-style-type: none"> • If you are making a claim in the Scheme, complete this Claim Form and return it to us before the Claims Submission Deadline on 28th February 2022. If you are posting this form back to us, we recommend you do this by 21st February 2022 at the latest. If we receive this Claim Form before the Claims Submission Deadline, we will consider the Customer's claim for compensation as part of the Scheme. • If we receive this Claim Form after the Claims Submission Deadline, you will lose any right to make a claim for unaffordable lending. This includes any right to (i) receive cash compensation; (ii) reduce the amount of any loan that you have to repay or (iii) stop making payments under any guarantee. If you are in any doubt about whether you have a Scheme claim, you should submit a claim to ensure that it is considered.
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We strongly recommend that you read the Data Privacy Notice available on the Website to understand how your data will be used as part of this claim process.

CLAIM FORM - SCHEME CREDITOR DETAILS

PART 1

Everyone should fill in the information requested in this Part 1

Customer's Scheme ID	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Customer's first name	<input type="text"/>
Customer's surname	<input type="text"/>
Customer's full address	<input type="text"/>
Customer's postcode	<input type="text"/>
Customer's date of birth (Day / Month / Year)	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Customer's phone number	<input type="text"/>
Customer's email address	<input type="text"/>

The questions in Parts 2 to 5 below are optional and may be answered if they apply to the Customer. Providing additional information may help us in assessing the Customer's claim.

If these questions do not apply, please sign and date this form using the name, signature and date boxes provided at the bottom of this form.

PART 2

Representatives

If you are completing this Form for a Customer, you are a "**Representative**".

If you are a Representative, please state your full name, address, phone number and email address in the space provided. Please also send evidence of your authority to act for the Customer with this Form. By signing this Form, you confirm that you have been given express authority to submit this Form on behalf of the Customer.

Representative's full name:

Representative's full address:

Representative's phone number:

Representative's email address:

PART 3

County Court Judgments ("CCJ")

Has the Customer ever had a CCJ? Please tick yes or no.

Yes No

If yes, in which year? If there is more than one CCJ, please state the year of each CCJ.

Year

Year

Year

Year

Please state the year that each CCJ was discharged, in the same order as the CCJs listed above. If this is left blank, we will assume that each CCJ was discharged 6 years from the date given above.

PART 4

Recorded defaults on the Customer's credit file

This means that the Customer has failed to pay back a loan given by another lender and does not mean that the Customer has missed payments on that loan.

Has the Customer ever had a genuine recorded default on their credit file because they failed to pay back a loan taken out from any lender (other than Provident, Glo, Satsuma or Greenwood)? Please tick yes or no.

If yes, in which year? Please include the year of each default if there is more than one recorded default.

Yes No

Year

Year

PART 5

Other information

We may also take into account other factors when looking at the claim, such as the Customer's ability to afford the loan and the Customer's ability to understand whether they could afford the loan at the time it was issued. Customers may not have been able to understand whether they could afford the loan if the Customer suffered from certain medical conditions, such as Alzheimer's, Dementia or a brain injury.

Did the Customer have a medical condition at the time the loan was issued? Please tick yes or no.

Please state the nature of the medical condition.

Yes No

State medical condition:

State medical condition:

Please state when the Customer had this medical condition.

Year to

Year to

I attach medical evidence or other evidence that may have limited my ability to afford a loan or to understand if I could afford a loan.

Please tick this box to allow us to use the medical information provided above to assess the Customer's claim. Without this permission, this information will not be taken into consideration when assessing the Customer's claim.

If you are returning this Claim Form by email or post, please sign here after completing it.

Name:		Signature:		Date:	
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