

**SECTION III  
CLAIM FORM**

**PROVIDENT, GLO, SATSUMA, GREENWOOD**

**CLAIM FORM**

Please complete this form to vote on the Scheme and/or 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 vote on the Scheme and/or submit a claim in the Scheme.

<p><b>1. To vote on the Scheme, complete both Sections A and B</b></p> <p><b>2. To make a claim in the Scheme (and not vote), complete Section A only</b></p> <p><b>3. If you are not using the Claims Portal, then sign the Claim Form and return it to us:</b></p> <p>a. by email to: <a href="mailto:soa@provident.co.uk">soa@provident.co.uk</a>; or</p> <p>b. by post to: The Scheme of Arrangement Team, Provident SPV Limited, 1 Godwin Street, Bradford, West Yorkshire BD12SU.</p>	<p><b>Important notes about voting:</b></p> <ul style="list-style-type: none"> <li>• <b>If you wish to attend and/or vote on the Scheme at the Scheme Meeting, please return this Claim Form (with Sections A and B completed) by 5.00 pm on 14 July 2021 (the Registration Deadline). If you return your Claim Form by post, please post it by no later than 9 July 2021 to ensure it gets to us on time.</b></li> <li>• <b>If you have returned a Claim Form (with Sections A and B completed) by 5.00 p.m. on 14 July 2021, we will send you the details for joining the virtual Scheme Meeting. If you have not received the details for joining the virtual Scheme Meeting by 16 July 2021, please contact us on 0800 056 8936.</b></li> <li>• <b>Any Claim Forms returned after the Registration Deadline will not enable you or a proxy to attend and vote at the Scheme Meeting, unless the Chairman of the Scheme Meeting otherwise agrees.</b></li> </ul> <p><b>Important notes about claims:</b></p> <ul style="list-style-type: none"> <li>• <b>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 you are making a claim in the Scheme (but do not wish to attend or vote at the Scheme Meeting), complete Section A only of this Claim Form and return it to us before the Claims Submission Deadline. The Claims Submission Deadline is expected to occur in the middle of February 2022. The exact date will be published on the Website <a href="https://scheme.providentpersonalcredit.com">https://scheme.providentpersonalcredit.com</a> once known.</b></li> <li>• <b>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.</b></li> </ul>
---	---

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.

**SECTION A CLAIM FORM - SCHEME CREDITOR DETAILS**

<b>PART 1</b>	
<b>Everyone should fill in the information requested in this Part 1</b>	
Customer's Scheme ID	□□□□-□□□□-□□□□
Customer's first name	
Customer's surname	
Customer's full address	
Customer's date of birth (Day / Month / Year)	□□ / □□ / □□□□
Customer's phone number	
Customer's email address	
<b>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, you can move to Section B if you wish to vote on the Scheme.</b>	
<b>PART 2</b>	
<p><b>Representatives</b></p> <p>If you are completing this Form for a Customer you are a "<b>Representative</b>".</p> <p>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.</p>	<p>Representative's full name:</p> <p>Representative's full address:</p> <p>Representative's phone number:</p> <p>Representative's email address:</p>

**PART 3**

<p><b>County Court Judgments (“CCJ”)</b></p> <p>Has the Customer ever had a CCJ? Please tick yes or no.</p> <p>If yes, in which year? If there is more than one CCJ, please state the year of each CCJ</p> <p>Please state the year of 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.</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>Year <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p> <p>Year <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p> <p>Year <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p> <p>Year <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p>
---	--

**PART 4**

<p><b>Recorded defaults on the Customer's credit file</b></p> <p>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.</p> <p>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.</p> <p>If yes, in which year? Please include the year of each default if there is more than one recorded default.</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> <p>Year <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p> <p>Year <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p>
--	--

**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

Yes

No

Please state the nature of the medical condition

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.

## SECTION B - VOTE DETAILS

Please complete this Section B to vote on the Scheme (with or without changes) at the virtual Scheme Meeting on 19 July 2021 at 10:00 am or at any adjournment of it. **Please select and complete only one row. If you want to appoint the Chairman or a proxy to vote on the Scheme at the Scheme Meeting but still want to join the Scheme Meeting, please contact the call centre on 0800 056 8936.**

<p>1. <input type="checkbox"/></p>	<p><b>I wish to appoint the Chairman to vote on the Scheme and I instruct him to:</b></p> <p>vote for the Scheme <input type="checkbox"/></p> <p>vote against the Scheme <input type="checkbox"/></p> <p>(tick one box above)</p>	<p>If you want the Chairman to vote on the Scheme at the Scheme Meeting, please tick this row and tell us how you want the Chairman to vote. If you pick this option, you do not have to attend the Scheme Meeting.</p>
<p>2. <input type="checkbox"/></p>	<p><b>I wish to appoint someone else to vote on the Scheme and I instruct them to:</b></p> <p>vote for the Scheme <input type="checkbox"/></p> <p>vote against the Scheme <input type="checkbox"/></p> <p>at discretion <input type="checkbox"/></p> <p>(tick one box above)</p>	<p>If you want someone other than the Chairman (a "proxy") to vote on the Scheme at the Scheme Meeting, please tick this row and tell us who you want to appoint as proxy by completing their name, e-mail and telephone number in the space below. Please also tell us how you want the proxy to vote. If you tick the "at discretion" box, the proxy can decide whether to vote for or against the Scheme.</p> <p>If you pick this option, this vote will only count if the proxy attends and votes at the Scheme Meeting. If your proxy does not want to attend the Scheme Meeting, please complete row 1 instead (and the Chairman will vote for you).</p> <p><b>Name of proxy:</b> _____</p> <p><b>Email address of proxy:</b> _____</p> <p><b>Telephone of proxy:</b> _____</p>
<p>3. <input type="checkbox"/></p>	<p><b>I will attend the Scheme Meeting. I intend to vote:</b></p> <p>vote for the Scheme <input type="checkbox"/></p> <p>vote against the Scheme <input type="checkbox"/></p> <p>(tick one box above)</p>	<p>If you want to join the Scheme Meeting and vote on the Scheme at the Scheme Meeting, please tick this row and indicate how you intend to vote. You do not have to vote in accordance with your intention at the Scheme Meeting.</p> <p><b>If you pick this option, your vote will only count if you attend and vote at the Scheme Meeting. If you do not want to attend the Scheme Meeting, please complete row 1 instead (and the Chairman will vote for you).</b></p>

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

Name:		Signature:		Date:	
-------	--	------------	--	-------	--