

Office of Immigration

Instructions

If you do not want to participate in the settlement of this class action, fill out this form and mail, fax, or email it by Jan. 5, 2012, using the contact information in Section 3 below.

PLEASE NOTE: YOU DO NOT NEED TO PAY ANYONE TO COMPLETE THIS FORM FOR YOU. THE PROVINCE WILL ACCEPT THIS FORM IF YOU FILL IT OUT YOURSELF.

1 Give your personal information

| Last name: | |
|--|--|
| First name: | Middle name: |
| Address: | |
| | Postal code: |
| Email address: | |
| Preferred phone: | Other phone: |
| Date of birth (dd/mm/yyyy): | Nominee # (If known): |
| 2 Sign the declaration | |
| I declare that I do not want to be part of or receive any | y benefits through this class action settlement. |
| Nominee's signature: | Date: |
| 3 Return the form and attachments to | I |
| Attention: Economic Stream Refund Nova Scotia Office of Immigration | |
| 1741 Brunswick St., Suite 110A | |
| PO Box 1535 Halifax, NS B3J 2Y3 | |
| Canada | |

Fax: 902-424-7936 Email: economicstream@gov.ns.ca

Questions?

Contact Greg McMullen, the lawyer appointed by the court, at 604-631-2560 or gmcmullen@branmac.com.