

**TRANSASIA AIRWAYS CORPORATION  
LIQUIDATION CLAIM FORM**

|  |   |   |   |
|--|---|---|---|
| <b>TYPE OF CLAIM</b><br>[put ✓ in the appropriate box(es)]   | <input type="checkbox"/> ① Priority Claim (e.g., wages, tax)<br><input type="checkbox"/> ② Ordinary Debt <input type="checkbox"/> ③ Secured Claim |   | <b>Claim Number:</b>  |
| <b>Name of Creditor</b>  | <b>Representative</b>   | <b>Address</b>  | <b>Date of Declaration:</b>   |
| <b>Details of your claim, including any Value Added Tax, as at the commencement of the liquidation.</b><br><br>① Principal<br>② Unpaid Interest (calculated to 11 January, 2017)<br>③ Others (calculated to 11 January, 2017)<br>Amount(①+②+③) |   |   | <b>Contact :</b><br>Tel No.      (1)      Ext.<br>(2)      Ext.<br>Email: _____<br><input type="checkbox"/> US\$<br><input type="checkbox"/> Other: _____ |
| <b>Details of claim and identification</b>   | <b>Description of goods or services supplied</b>  | <b>Supporting Evidence</b>                                    | <b>Agreed Interest Rate</b> _____%  |
|  |   | <b>Details of the type, value, given date of the security</b> | <b>Maturity Date</b>  |
|  |   |   | <b>Remarks</b>  |

**STATEMENT OF TRUTH**

I hereby confirm that the information provided in this claim form, together with the documents attached, represents a true and complete claim.

**CREDITOR** \_\_\_\_\_  
**SIGNATURE** \_\_\_\_\_

The following columns are for official use only.

|                   |                                |                   |                  |
|-------------------|--------------------------------|-------------------|------------------|
| <b>Liquidator</b> | <b>Chief Executive Officer</b> | <b>Undertaker</b> | <b>Recipient</b> |
|                   |                                |                   |                  |