



The following is an outline of what all shareholders or former employees of BWIA must do in order to accept the proposed ex-gratia payment by the Government of the Republic of Trinidad and Tobago (GORTT):

WHAT YOU NEED TO DO TO RECEIVE YOUR CONSIDERATION

Execute the Release

- The Release must be sworn to before a Commissioner of Affidavits.
- All parties on record must sign the Release.
- The Release can also be sworn to by anyone authorized to act for the shareholder by virtue of a Power of Attorney or Grant of Administration/Probate.

Delivery of Your Consideration

You will be able to receive your cheque when you come in for your appointment, as long as you provide us with the required documents and they are deemed to be in order.

Make Appointment to come into WISE

Before you make an appointment to come into a WISE Office you should ensure you have:

- The Release, sworn to by all parties on record before a Commissioner of Affidavits.
- Two forms of valid National Picture Identification for each party on record.
- Supporting documents (Such as share certificate or most recent statement of account).
- Any utility bill to verify address.
- Supplied the proper spelling of all names on record to the call centre operator as that would be used to print your cheque. If any names are left out this would delay the process.

Acceptance Period

The Acceptance Period would run from June 1, 2009 to July 31, 2009.

TO MAKE AN APPOINTMENT CALL 821-5863 TO COME INTO ONE OF THE FOLLOWING LOCATIONS:

PORT OF SPAIN	WEST MALL	ELLERSLIE PLAZA	CHAGUANAS	GULF CITY MALL
(Main Office) St. Clair Place 8 Sweet Briar Rd PO Box 259, Port of Spain	The Falls at West Mall Shop # 268 Western Main Rd Westmoorings	Ellerslie Plaza Shop # 74 Boissiere Village Maraval	1st Floor, Royal Plaza Main Road, Chaguanas	Gulf City Mall Shop # 18, Mezzanine Flr Gulf View, La Romain

(Please complete the following information then tear off and attach to Release)

INFORMATION FORM

Name of Principal Holder _____
LAST (Company Name) MI FIRST

Address _____

Identification Number

Telephone Number _____

Email _____
(Optional)

Date
DD MM YYYY

Signature _____