

Fisheries Damage Compensation Program

Fish Harvester or Aquaculturalist Loss Claim Form

Subm Fax:	351 Water Street, St. John's, NL, (709) 724-3915		Do not write in t	his space	
1.	Person making this claim:				
	Position:				
	Telephone / Fax No.:	Tel:	Fax:		
	Address:				
2.	Fish harvesting firm/enterprise:				
	Telephone / Fax No.:	Tel:	Fax:		
	Address:				
3.	Brief Description of loss/damage:				
		,			
4.	Date of incident:				
5.	Damage Report Form filed by:				
6	Date Damage Report Form filed:				
7.	Name of fishing vessel involved:				
8.	CFV No.:				
Are you making a claim that includes losses for people other than yourself:		Yes	No		
Are you	re you claiming a loss that is included in a claim made by another person?		Yes	No	
	If yes, by whom?				

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Fish Harvester or Aquaculturalist Loss Claim Form Valuation of Claim

Please itemize losses and costs you are claiming. (You will also be asked to support the value of this claim by providing purchase receipts/catch records, wage reports, etc.) Use additional sheets if necessary.

A. Damaged and/or lost vessel or gear	Amount Claimed (CDN\$)
Total Claimed (CDN\$)	



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B. Expenses and/or lost revenue (if claiming for vessel crew lost wages or shares, include names, addresses and telephone numbers of all persons included).	Amount Claimed (CDN\$)
Total Claimed (CDN\$)	
Total Claimed (CDN\$)	
hereby certify that the above information is, to the best of my knowledge, full and accurate in eve Cenovus Energy for compensation for the losses described.	ery detail, to make claim to
igned by:	
Signature At	Date