

Fisheries Damage Compensation Program

Processor Loss Claim Form

Submi	it to: Cenovus Energy (Environmental 351 Water Street, St. John's, NL,		Do not write in this space	
Fax:	(709) 724-3915	710 102		
1.	Person making this claim:			
	Position:			
	Telephone / Fax No.:	Tel:	Fax:	
	Address:			
2.	Fish processing firm:			
	Telephone / Fax No.:	Tel:	Fax:	
	Address:			
	Plant locations affected:			
3.	Date of incident:			
	Damage Report Form filed by:			
	Date Damage Report Form filed:			
4.	Name of fishing vessel(s) involved:			
	CFV No.(s):			
Are you representing other Claimants in a joint claim? Are you represented by another Claimant in a joint claim?		Yes Yes	No No	
	If yes, by whom are you being represented?			



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lease describe why and how the processing op	eration suffered loss as a result of the gea	r/vessel or oil spill damage incident:
escribe measures taken to find alternative sup	pliers, or other measures to stop or limit t	he loss:
	Valuation of Claim	
lease itemize losses and costs you are claiming nd sales records/wage reports etc.). Use separ		lue of the claim by providing purchase
Fisheries related losses		Amount Claimed (CDN\$)
(if claiming for lost wages, include names and S	SIN(s) of all persons included)	
Total Claimed (CDN\$)		
hereby certify that the above information is, t	to the best of my knowledge, full and acci	urate in every detail, to make claim t
Cenovus Ener	gy for compensation for the losses describ	bed
gned by:		
Signature	At	Date