



- ESTATE INFORMATION SUMMARY -

I. COMPLETE THE FOLLOWING IN ALL CASES						
PROCEEDING: <input checked="" type="checkbox"/> Assignment <input type="checkbox"/> Receivership <input type="checkbox"/> Bankruptcy Order <input type="checkbox"/> Proposal			<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Corporation			
Estate Name Waterford Wedgwood Canada Inc.		Occupation		Language <input checked="" type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other Specify		
Ind. Date of Birth	D M Y	Previous or current BIA proceeding or petition? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, enter estate number(s)		Indicate if previous bankruptcy <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Address (Street No. and Apt No.) 20 West Beaver Creek Road						
City Richmond Hill		Province ON	Postal Code L4B 3L6	Home Telephone no. () - -		Work Telephone no. () - -
Consumer debts only? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		100.00 % of the total debt is Business		The debtor resides or has carried on business at the above address since: D M Y 01-01-1990		

II - COMPLETE THE FOLLOWING IF THE DEBTOR HAS GUARANTEED THE DEBTS OF ANOTHER PERSON	<input checked="" type="checkbox"/> N/A
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III - COMPLETE THE FOLLOWING IF THE DEBTOR WAS PREVIOUSLY OR IS PRESENTLY IN BUSINESS	<input type="checkbox"/> N/A
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Trade name(s) if different from the estate name	Place of Business	Nature of Business	Corporation, partnership or sole proprietorship

IV - COMPLETE THE FOLLOWING IF THE DEBTOR IS A CORPORATION	<input type="checkbox"/> N/A
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Are the shares of the corporation publicly traded? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Federal Charter Number <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Names of the corporate officers Harjit Singh			
Name of person to be examined Harjit Singh		Title President	Phone Number () - -
Address 20 West Beaver Creek Road			
City Richmond Hill	Province ON	Postal Code L4B 3L6	Language <input checked="" type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other specify

V - TO BE COMPLETED WHEN FILING A CONSUMER PROPOSAL OR AMENDED CONSUMER PROPOSAL	<input checked="" type="checkbox"/> N/A
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VI - TO BE COMPLETED AND SIGNED BY THE TRUSTEE IN ALL CASES
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Creditors Meeting Suggested Time & Place	D M Y 17-04-2009	Time 10:00AM	Location Deloitte & Touche inc. 181 Bay Street, Suite 1400 Toronto ON M5J 1V1
Examination Requested <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Comments ▶			
TRUSTEE APPOINTMENT Name & Licence number of the trustee or, if a Corporate Trustee, the name & Licence number of the person responsible for the administration of the estate. Deloitte & Touche Inc., Huey Lee, 3099			
A possible conflict of interest situation exists: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No ▶			License Number 3099
Indemnification: <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Deposit <input type="checkbox"/> Guarantee Name of depositor or guarantor			Post bankruptcy tax refund assigned to trustee <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Amount or extent of indemnity ▶ \$ 0.00		<input checked="" type="checkbox"/> Trustee absent when file submitted Amended summary to follow	Signature of Trustee ▶

