

SCHEDULE “G”

NOTICE OF DISPUTE OF NEGATIVE NOTICE CLAIM

**For Negative Notice Claims against 6045073 Canada Inc. (FORMERLY KNOWN AS
CLAIRE’S STORES CANADA CORP.)**

Capitalized terms used but not defined in this Notice of Dispute of Negative Notice Claim shall have the meanings ascribed to them in the Order of the Ontario Superior Court of Justice (Commercial List) in the CCAA proceedings of 6045073 Canada Inc. dated November 14, 2025 (the “**Claims Procedure Order**”). You can obtain a copy of the Claims Procedure Order on the Monitor’s website at <https://www.ksvadvisory.com/experience/case/claiores>.

1. Particulars of the Holder of the Claim:

Claims Reference Number: _____

Full Legal Name of Claimant (include trade name, if applicable)

(the “**Claimant**”)

Full Mailing Address of the Claimant:

Other Contact Information of the Claimant:

Telephone Number:

Email Address:

Facsimile Number:

Attention (Contact Person):

**2. Particulars of original Negative Notice Claimant from whom you acquired the Claim
(if applicable):**

Have you acquired this Claim from a Negative Notice Claimant by assignment?¹

Yes: ☐

No: ☐

If yes and if not already provided, attach documents evidencing assignment.

Full Legal Name of original Negative Notice Claimant: _____

3. Dispute of Negative Notice Claim:

The Claimant hereby disagrees with the value of its Negative Notice Claim as set out in its Statement of Negative Notice Claim and asserts a Claim as follows²:

Pre-Filing Claim

Negative Notice Claim	Currency	Amount Allowed or Referred to per Statement of Negative Notice Claim:	Amount claimed by Claimant for voting purposes:	Amount claimed by Claimant for distribution purposes:
Priority		\$	\$	\$
Unsecured		\$	\$	\$
Total Claim		\$	\$	\$

Restructuring Period Claim

Negative Notice Claim	Currency	Amount Allowed or Referred to per Statement of Negative Notice Claim:	Amount claimed by Claimant for voting purposes:	Amount claimed by Claimant for distribution purposes:
Priority		\$	\$	\$
Unsecured		\$	\$	\$
Total Claim		\$	\$	\$

(Insert particulars of your Claim as per the Statement of Negative Notice Claim, and the value of your Claim(s) as asserted by you)

4. Reasons for Dispute:

Please describe the reasons and basis for your dispute of the amount or Characterization of your Claim as set out in your Statement of Negative Notice Claim. You may attach a separate schedule if more space is required. Provide all applicable documentation supporting your dispute, including any calculation of the amount, description of

¹ Only select 'Yes' if you have been transferred the Claim being referenced herein from another Person.

² Employees who submit a Notice of Dispute of Negative Notice Claim are deemed to dispute their Claims for voting and distribution purposes unless otherwise specified in their Notice of Dispute of Negative Notice Claim. Accordingly, Employees may input the same amount in the 'Amount claimed for voting purposes' and 'Amount claimed for distribution purposes' columns.

transaction(s) or agreement(s), name of any guarantor(s) which has guaranteed the Claim, and amount of Claim allocated thereto, date and number of all invoices, particulars of all credits, discounts, etc. claimed, as well as a description of the security, if any, granted by 6045073 Canada Inc. to the Claimant and estimated value of such security. The particulars provided must support the value of the Claim as stated by you in item 3, above.

5. Certification

I hereby certify that:

1. I am the Claimant or an authorized representative of the Claimant.
2. I have knowledge of all the circumstances connected with this Claim.
3. The Claimant submits this Notice of Dispute of Negative Notice Claim in respect of the Claim referenced above.
4. All available documentation in support of the Claimant's dispute is attached.

All information submitted in this Notice of Dispute of Negative Notice Claim must be true, accurate and complete. Filing false information relating to your Claim may result in your Claim being disallowed in whole or in part and may result in further penalties.

Signature: _____ Name: _____ Title: _____	Witness ³ : _____ (signature)
	_____ (print)
Dated at _____ this _____ day of _____, 202_.	

This Notice of Dispute of Negative Notice Claim MUST be received by the Monitor no later than 5:00 p.m. (Toronto time) on February 18, 2026 (the "Claims Bar Date"), or in the case of a Restructuring Period Claim, no later than 5:00 p.m. (Toronto time) on the later of (i) the

³ If an individual is submitting this Notice of Dispute of Negative Notice Claim, have a witness to its certification.

date that is 30 days after the date on which the Negative Notice Claims Package was sent by the Monitor, and (ii) the Claims Bar Date (the “Restructuring Period Claims Bar Date”).

Notices of Dispute of Claim must be delivered to the Monitor by registered mail, personal delivery, courier or email (in PDF format) at the address below:

KSV Restructuring Inc.,
in its capacity as Court-appointed Monitor of 6045073 Canada Inc. (f/k/a Claire’s Stores
Canada Corp.)
220 Bay Street, 13th Floor, PO Box 20,
Toronto, Ontario, M5J 2W4

Attention: Claire’s Canada Monitor
Email: claires@ksvadvisory.com

IF A NOTICE OF DISPUTE OF NEGATIVE NOTICE CLAIM IS NOT RECEIVED BY THE MONITOR WITHIN THE PRESCRIBED TIME PERIOD, THE CLAIM AS SET OUT IN THE STATEMENT OF NEGATIVE NOTICE CLAIM WILL BE BINDING ON YOU AND YOU WILL HAVE NO FURTHER RIGHT TO DISPUTE SUCH CLAIM.