

## THIS CLAIM FORM **MUST BE SUBMITTED** BY FEBRUARY 5, 2024

## SINGH ET AL. V. IQ DATA INTERNATIONAL

## **FDCPA CLAIM FORM**

**For Office Use Only** 

Please Type or Print - Use Blue or Black Ink Only

Instructions. Please fill out this claim form only if you are a member of the FDCPA Class. If you are a member of the CPA Class and do not exclude yourself, you are automatically eligible for a Settlement Award. Fill out each section of this form and sign where indicated. If you would like to receive your payment electronically (ACH, Zelle, PayPal, or Venmo and provide the necessary information), please submit a claim form at www.tenantinterestsettlement.com.

*First Name	*Last	*Last Name			
*Street Address					
*City		*State	*Zip		
*Contact Phone # (You may be co	ontacted if further informa	tion is required.)			
		_@			
*Email Address					
*Required Fields					
To receive compensation from the claim form, postmarked on or befor	•	1	tion, and sign and mail this		
	Singh et al. v. IQ Data In	ternational			
	c/o Kroll Settlement Admin				
	PO Box 5324				

New York, NY 10150-5324

ATTESTATION: By submitting this claim form, the undersigned agrees that he or she will be entitled to relief specified in the Settlement Agreement and will be bound by the Release in the Settlement Agreement.

Signature

 /	/	
Date (N	/M/DD/YY	YY)

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