

NOTE: THIS IS NOT A PROOF OF CLAIM FORM!

EISA Investor Questionnaire

The following questionnaire is to be used by investors of the EISA program.

Contact Information:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Work Telephone (____) _____ - _____

Home Telephone (____) _____ - _____

Cellular Telephone (____) _____ - _____

E-Mail: _____ @ _____

Investment Information:

Amount Invested in EISA Program: \$ _____

Date(s) of Investment: _____ (or attach list by date)

Form of Payment: ____ Cash ____ Check ____ Wire Transfer

Selling Agent: _____

- Please send any relevant information pertaining to your investment in the EISA Program. Relevant information includes, but is not limited to, **copies of checks (both front and back)**, wire transfer information, bank statements, correspondence with your selling agent or any employees of Trans Continental Airlines, and any recent EISA statements received from Trans Continental Airlines.
- Please send this completed form and relevant information to the following address:

Soneet R. Kapila, Bankruptcy Trustee
Trans Continental Airlines
PO Box 14213
Fort Lauderdale, FL 33302
[**trustee@kapilaco.com**](mailto:trustee@kapilaco.com)

OR -- FAX the completed form and attachments to (954) 374-6495.

Soneet R. Kapila
Federal Bankruptcy Trustee
Southern District of Florida

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