

**Information Request Form for
Holders of Class 9(a) Claims**

Please fill out all applicable items, taking into account all classes in which you assert any claims, and submit it to Wilmington Trust, N.A., Arcapita Disbursing Agent, 50 South Sixth Street, Suite 1290, Minneapolis, MN 55402, U.S.A., at or prior to 5:00 p.m. (New York time) on the Forfeiture Date¹ with respect to any claims or interests held by you. If you have any questions regarding this form or your claim(s), please contact William Ng or James Balcom of FTI Consulting, Inc., the financial advisor to the Reorganized Debtors and the New Holding Companies, by telephone at 212-499-3649, or by e-mail at ArcapitaClaims@FTIConsulting.com.

***PLEASE NOTE THAT FAILURE TO COMPLETE THIS FORM ACCURATELY
MAY RESULT IN THE DELAY OF DISTRIBUTIONS ON YOUR CLAIMS AND/OR THE
LOSS OF YOUR RIGHT TO RECEIVE DISTRIBUTIONS.***

Capitalized terms used herein without definition have the meanings given them under the Confirmed Second Amended Joint Plan of Reorganization of Arcapita Bank B.S.C.(c) and Related Debtors Under Chapter 11 of the Bankruptcy Code (with First Technical Modifications), dated June 11, 2013, or the *Notice to Holders of Claims in Class 9(a)*, which has accompanied this document.

All Holders must complete the following information:

Holder's Name: _____

Name of Beneficial Owner(s) (if applicable): _____

Holder's Address: _____

Holder's Email Address: _____

Holder's Telephone Number: _____

Is the Holder an attorney or law firm? Yes No

¹ The Forfeiture Date is defined in the Plan as, with respect to any Claim, the date that is the later of (i) the one-year anniversary of the Effective Date (which occurred on September 17, 2013), or (ii) the one-year anniversary of the date on which Distribution is made available to the applicable Claimant by the Disbursing Agent.

Claim Number(s) (if claim(s) filed): _____

Total Amount of the Claim(s) to which this Form relates:

Preferred Method of Distributions of Cash (please select one):

Electronic Payment² Check

If Electronic Payment is selected, please have your financial institution assist you in the completion of the following section:

Institution Name: _____

Institution Address: _____

ABA Number: _____

SWIFT/BIC: _____

IBAN: _____

Bank Code:³ _____

Account Holder: _____

Account Number: _____

Reference: _____

If Electronic Payment is selected and you need to use an intermediary bank to transfer money, please complete the following section:

Institution Name: _____

Country of Intermediary Bank Account: _____

² Claimants will be responsible for all wire fees charged by the banking institution(s) used to make distributions, which will be deducted from the amount of each distribution the claimant would otherwise receive. There may also be additional wire fees charged by the intermediary or receiving institution deducted from the amount of the distribution.

³ Institution Bank Code is a local bank clearing code. Examples of Institution Bank Code include, but are not limited to, Canada Transit Code, United Kingdom Sort Code, Germany/Austria Bankleitzahl (BLZ) and India IFSC.

Intermediary ABA Number: _____

Intermediary SWIFT/BIC: _____

Intermediary IBAN: _____

Intermediary Account Number: _____

Intermediary Sort Code: _____

If Check is selected above, please provide the following information:

Make Payable To: _____

Mailing Address: _____

Mailing Address: _____

City: _____

State: _____ Zip or Post Code: _____

Country: _____

Phone Number: _____

EXECUTED ON BEHALF OF: _____

By: _____

Name:

Title:

Date: _____