

In Re Doria/Memon Disc. Stores Wage & Hour Litig.

**ABSENT CLASS MEMBER
PROOF OF CLAIM FORM**

PERJURY WARNING: KNOWINGLY PROVIDING FALSE INFORMATION CAN SUBJECT YOU TO CRIMINAL PROSECUTION FOR PERJURY

1. PROVIDE CONTACT INFORMATION: If the information in the Litigation Information is incorrect or missing, please provide the correct information in the blank space on the Corrected Contact Information Column.

	Litigation Records	Corrected Contact Information (if necessary)
Name:		
Address 1:		
Address 2:		
City, State, Zip:		
E-Mail:		
Phone:		

2. PROVIDE YOUR EMPLOYMENT INFORMATION:

	Litigation Records	Corrected Employment Information
Start Date:		
End Date:		
Tax Payer ID No. (Social Security Number or ITIN number)		

3. COMPLETE THIS FORM AND SUBMIT TAX FORMS. In order to be eligible for a settlement payment, you must submit this form to the Settlement Administrator by September 21, 2020. You must also SEND completed IRS W-4 and W-9 forms to the Settlement Administrator by March 20, 2021. Please send documents to **Doria/Memon Discount Stores Wage and Hour Litigation Settlement, P.O. Box 58731, Philadelphia PA 19102 or by fax to (240) 201-9002.**

- If you have your taxpayer identification information, you should submit those tax forms along with this Proof of Claim Form in the postage paid envelope provided.
- If you do not have the taxpayer identification information, you should apply for the taxpayer ID number immediately as it may take some time to get a number.
- **IN ORDER TO RECEIVE A SETTLEMENT PAYMENT, THE TAXPAYER ID INFORMATION THAT YOU PROVIDE MUST MATCH THE INFORMATION ON FILE WITH THE SOCIAL SECURITY ADMINISTRATION.**

4. If you do not submit this Proof of Claim form and both tax forms by the deadlines, you will not receive a settlement payment.

5. SIGNATURE, ATTESTATION AND FLSA RELEASE (You must sign and date below)

I *swear under penalty of perjury* that I worked at one or more of the Discount Stores operated by Mohamed Doria and/or Iqbal "Mike" Memon on the dates indicated above.

I further swear that I have a bona fide dispute with the Defendants named in the action as to my wages for minimum wage and overtime work and thus consent to participate in the settlement of this class action and to join the FLSA collective action against the Defendants, styled *In re Doria/Memon Discount Stores Wage and Hour Litigation*, 14-cv-7990 (SN).

I understand that by joining this lawsuit and agreeing to participate in the settlement of it, I am agreeing to release Defendants from all wage and hour claims under New York Law and the Fair Labor Standard Act which have been brought in the lawsuit or that are based on the same facts and circumstances as the claims in the lawsuit, including but not limited to unpaid regular and overtime wages, all derivative benefits claims (claims for benefits, both ERISA and non-ERISA, resulting from alleges failure to pay overtime or other wages), and all interest on such claims, liquidated damages, punitive damages, and/or other damages, attorneys' fees expenses and costs for all time periods during the Class Period (between October 4, 2008 and October 10, 2017).

I understand that the information contained in this Proof of Claim is subject to such verification as the Settlement Administrator or Class Counsel may request or as the Court may direct, and I agree to cooperate with any such verification efforts.

Signature: _____ Date: _____

Type Name: _____