

**Claim Form**

*Roxana Maria Borcea et al. v. Carnival Corporation*  
United States District Court for the Southern District of Florida  
Case No. 05-22968-Civ-Cooke/Klein

**IF YOU WORKED ABOARD A CARNIVAL VESSEL YOU MAY BE ENTITLED TO  
COMPENSATION. THIS COMPENSATION WILL BE PAID BECAUSE OF A  
SETTLEMENT WITH CARNIVAL, WHICH WILL NOT RETALIATE AGAINST YOU  
FOR COMPLETING THIS FORM.**

Just fill out this form, sign it, and mail it by \_\_\_\_\_ to:

Carnival Settlement Administrator  
[name and address]

1. Your name: \_\_\_\_\_  
                                    First                    Middle                    Last
2. Your current permanent address: \_\_\_\_\_
3. Your Carnival Employment ID Number (if known): \_\_\_\_\_
4. Your service information (to the extent known):

<u>Vessel</u>	<u>Dates You Served</u>	<u>Position</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I swear under penalty of perjury that the foregoing is true and correct.

Sign here X \_\_\_\_\_ Today's date: \_\_\_\_\_

Signed at: \_\_\_\_\_  
(City, State, Country)

This claim form has been prepared in connection with a settlement agreement with Carnival and incorporates all of its terms and conditions, including a release of all claims for failure to pay adequate wages by every class member.

*Accurate claims processing takes a significant amount of time.  
If you have any questions, call: 1-800-\_\_\_\_\_*