

SWS-24

**Business Economic Loss Causation Proxy Claimant Sworn Written Statement**

If you need more space to complete this Sworn Written Statement, attach the additional pages and they will be incorporated into this document.

**A. CAUSATION PROXY CLAIMANT INFORMATION**

**Business Name:** \_\_\_\_\_  
Name of Business

**Deepwater Horizon Settlement Program Claimant Number:** \_\_\_\_\_

**Business Address:**  
Street  
City State Zip Code

**Business Phone Number:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_  
*or*  
**Individual Taxpayer Identification Number:** \_\_\_\_\_  
*or*  
**Employer Identification Number:** \_\_\_\_\_  
SSN or ITIN  
EIN

**Date of Incorporation:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Month/Day/Year)

**Date of Commencement of Operations:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Month/Day/Year)

**Authorized Business Representative Name:** \_\_\_\_\_ Last First Middle Initial

**Authorized Business Representative Phone Number:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Position of Authorized Business Representative:** \_\_\_\_\_

**Date your business established causation with MDL 2179:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Month/Day/Year)

**B. CLAIMANT AUTHORIZED TO USE YOUR DOCUMENTATION**

**Business Name:** \_\_\_\_\_

**Deepwater Horizon Settlement Program Claimant Number:** \_\_\_\_\_

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<b>Business Address:</b>	Street		
	City	State	Zip Code

<b>Business Phone Number:</b>	(           )                       -
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<b>Social Security Number:</b> <i>or</i> <b>Individual Taxpayer Identification Number:</b> <i>or</i> <b>Employer Identification Number:</b>	SSN or ITIN                                         -                                     EIN                                         -
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**C. REQUIRED VERIFICATION**

The above mentioned claimant is authorized to use my documentation to satisfy causation.

**D. SIGNATURE**

I certify and declare under penalty of perjury pursuant to 28 U.S.C. Section 1746 that all the information I have provided in this Statement (and in any pages I have attached to or submitted with this Statement to provide additional information requested in this Statement) is true and accurate to the best of my knowledge, and that supporting documents attached to or submitted with this Statement and the information contained therein are true, accurate, and complete to the best of my knowledge, and I understand that false statements or claims made in connection with this Statement may result in fines, imprisonment, and/or any other remedy available by law to the Federal Government, and that suspicious claims will be forwarded to federal, state, and local law enforcement agencies for possible investigation and prosecution.

<b>Date Signed:</b>	____/____/____ <small>(Month/Day/Year)</small>	_____ Signature	
<b>Name:</b> (Printed or Typed)	Last	First	Middle Initial
<b>Title, if a Business:</b>			