

안녕하십니까?

AEROMEXICO 입니다.

미 파산법원에 청구 증명을 신청한 승객은 최근 접수한 이메일을 통하여 Voucher Election Form을 전달받았을 것 입니다. 이에 해당 내용 요약하여 전달 드리오니 내용 확인하시어 업무에 참고하시기 바랍니다.

※ 중요

본 자료는 참고용으로 작성되었으며, 일부 부정확한 내용을 포함하고 있을 수 있습니다.

모든 내용은 원문을 우선으로 하며, 당사는 어떠한 경우에도 본 자료와 관련하여 직접, 간접, 부수적, 징벌적, 파생적인 손해에 대해서 책임을 지지 않으며 이에 따른 어떠한 법적 책임이 없다는 점을 양지하여 주시기 바랍니다.

**VOUCHER ELECTION FORM<sup>1</sup>**

Debtor Name and Case Number:	
Customer Claimant Name and Address:	
Claim Number(s) (the " <u>Claim(s)</u> "):	
Total Amount of Claim(s) Filed (" <u>Claim Amount(s)</u> "):	
Airfare Ticket Number(s):	
Passenger Name(s):	

**1**  By checking this box, I elect *not* to receive a Voucher in consideration and satisfaction of my Claim(s). I understand and acknowledge that by electing not to receive a Voucher, my Claim will be satisfied pursuant to the Debtors' Chapter 11 Plan. I further understand and acknowledge that my Claim will be treated under the Chapter 11 Plan consistent with general unsecured creditors, and I will receive a Refund on account of my Claim(s) that is significantly less than the full amount my Claims(s).  
I understand and acknowledge that if I fail to return this Voucher Election Form, a Voucher may be issued in satisfaction of my Claim(s) using the contact information I provided when filing my Claim(s).

I, the undersigned, am the above-referenced creditor, or an authorized signatory for the above-referenced creditor. I hereby elect to receive a Voucher in consideration and satisfaction of my Claim filed in Aeroméxico's Chapter 11 Cases.

**2** Dated: \_\_\_\_\_ Print Name: \_\_\_\_\_  
Title (if applicable): \_\_\_\_\_

**Please submit this Voucher Election Form to Eniq Corporate Restructuring, LLC by email at**

**3** [Aeromexicoinfo@epiglobal.com](mailto:Aeromexicoinfo@epiglobal.com) **on or before** **4** January 18, 2021

<sup>1</sup> Each capitalized term used herein but not otherwise defined herein shall have the meaning ascribed to it in the Debtors' Motion for Entry of an Order (i) Authorizing Debtors To (A) Continue Honoring Prepetition Obligations to Customers and Related Third Parties in Accordance With the Customer Programs Order and the Customer Claims Procedures and (B) Otherwise Continue Their Customer Programs and (ii) Approving the Customer Claims Procedures ECF No. 1997 and Customer Claims Procedures, as applicable.

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▶ 번역

1. 이 상자를 체크함으로써, 본인은 청구 증명 신청에 대한 환불 금액을 바우처로 받지 않을 것임을 선택합니다. 본인은 바우처를 받지 않을 것임을 선택함으로써 채무자의 미 파산 보호 법원 계획을 따를 것을 이해하였으며 이에 동의합니다. 본인은 본인의 청구 증명 신청이 미 파산 보호 법원 계획에 따라 처리될 것임을 이해하고 인정하며, 청구한 금액 보다 상당히 적은 금액으로 환불 받을 것임을 이해하고 인정합니다.

만일 바우처 신청 양식을 제출하지 못하는 경우, 청구 증명 신청 시 등록된 연락처 정보를 사용하여 바우처가 발행될 수 있음을 이해하고 인정합니다. (이는 위의 박스 표기와는 별도의 내용입니다.)

2. 날짜 및 성명(영문) 기입란
3. 접수처: [Aeromexicoinfo@epigglobal.com](mailto:Aeromexicoinfo@epigglobal.com)
4. 접수 기한: 2022년 1월 18일 까지 (본문 내용상 2021년 1월 18일 은 오 기재된 사항임)

▶ 바우처 발행 신청 시

1. 환불 내역: 신청 금액의 100% 금액 만큼 바우처로 환불 (사용기간: 발행일로부터 365일)
2. 접수 절차: 아래 **체크박스 미 체크(체크를 하지 않고)** 후 날짜와 접수 성명(영문) 기입 후 접수처로 이메일 발송
3. 접수 기한: 2022년 1월 18일 까지

<b>VOUCHER ELECTION FORM<sup>1</sup></b>	
Debtor Name and Case Number:	
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Claim Number(s) (the "Claim(s)"):	
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Dated: \_\_\_\_\_ Print Name: \_\_\_\_\_  
 Title (if applicable): \_\_\_\_\_

**Please submit this Voucher Election Form to Epiq Corporate Restructuring, LLC by email at [Aeromexicoinfo@epiqglobal.com](mailto:Aeromexicoinfo@epiqglobal.com) on or before January 18, 2021.**

<sup>1</sup> Each capitalized term used herein but not otherwise defined herein shall have the meaning ascribed to it in the Debtors' Motion for Entry of an Order (i) Authorizing Debtors To (A) Continue Honoring Prepetition Obligations to Customers and Related Third Parties in Accordance With the Customer Programs Order and the Customer Claims Procedures and (B) Otherwise Continue Their Customer Programs and (ii) Approving the Customer Claims Procedures ECF No. 1997 and Customer Claims Procedures, as applicable.

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▶ 지불 수단 환불 신청 시

1. 환불 내역: 신청 금액 보다 적은 금액으로 환불 (정확한 금액은 추후 미 파산법원 결정)
2. 접수 절차: 아래 **체크박스에 체크 후** 접수처로 이메일 회신
3. 접수 기한: 2022년 1월 18일 까지

<b>VOUCHER ELECTION FORM<sup>1</sup></b>	
Debtor Name and Case Number:	
Customer Claimant Name and Address:	
Claim Number(s) (the " <u>Claim(s)</u> "):	
Total Amount of Claim(s) Filed (" <u>Claim Amount(s)</u> "):	
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Dated: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title (if applicable): \_\_\_\_\_

**Please submit this Voucher Election Form to Epiq Corporate Restructuring, LLC by email at [Aeromexicoinfo@epiglobal.com](mailto:Aeromexicoinfo@epiglobal.com) on or before January 18, 2021.**

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