

EXHIBIT G

FREIGHT FORWARDERS SETTLEMENT

C/O FREIGHT FORWARDERS CLAIMS ADMINISTRATOR
PO BOX 3747
PORTLAND, OR 97208-3747
U.S.A.

<<mail id>>
<<Name1>>
<<Name2>>
<<Address1>>
<<Address2>>
<<City>><<State>><<Zip>>
<<Foreign Country>>

CLAIM FORM

GENERAL INSTRUCTIONS

This Claim Form relates to *Precision Associates, Inc., et al. v. Panalpina World Transport (Holding) LTD, et al.*, 08 Civ. 0042 (JG) (VVP) in the United States District Court for the Eastern District of New York.

To be eligible to share in the Settlement Fund for the Settlement Class in the above-named class action, you must have (1) directly purchased Freight Forwarding Services; (2) from any of the Settling or Non-Settling Defendants, their subsidiaries, or affiliates; (3) from January 1, 2001 through January 4, 2011; (4) in the U.S., **or** outside the U.S. for shipments within, to, or from the U.S.

“Freight Forwarding Services” means freight forwarding, transportation, or logistics services for shipments, including services relating to the organization or transportation of items via air and ocean, which may include ancillary rail and truck services, both nationally and internationally, as well as related activities such as customs clearance, warehousing, and ground services.

If you fit this description you are a member of the Settlement Class and are entitled to submit a claim to share in the Settlement Fund. Excluded from the Settlement Class are all Defendants, their subsidiaries and affiliates, and their co-conspirators. Also excluded from the Settlement Class are all governmental entities.

Settlement Class Members who seek payment from the Settlement Fund must complete and return this Claim Form. If you already submitted a Claim Form for the first or second round of Settlements, you do not need to file a new claim. You will automatically be paid from the third round of Settlements. Completed Claim Forms must be mailed to the Freight Forwarders Claims Administrator (“Claims Administrator”) at the above address or can be submitted via the Settlement website, www.FreightForwardCase.com. **Claim Forms must be POSTMARKED OR SUBMITTED ONLINE NO LATER THAN APRIL 3, 2017.** You should save all relevant documents supporting your claim as you may be required to provide them later.

All inquiries regarding your claim should be made (1) in writing to the Claims Administrator at the address above, (2) by visiting the settlement website, www.FreightForwardCase.com, (3) via e-mail at questions@FreightForwardCase.com, or (4) by calling the information helpline: U.S. & Canada (Toll-Free) 1-877-276-7340; International (Toll) (503) 520-4400.

Before you complete and submit this Claim Form by mail or online, you should read and be familiar with the Notice of Proposed Class Action Settlement (“the Notice”) available at www.FreightForwardCase.com. Defined terms (with initial capitals) used in these General Instructions have the same meaning as set forth in the Notice. By submitting this

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Claim Form, you acknowledge that you have read and understand the Notice, and you agree to the Releases included as a material term of each settlement agreement.

If you fail to submit a timely Claim Form, your claim may be rejected and you may be precluded from any recovery from the Settlement Fund. If you are a member of the Settlement Class and you do not timely and validly seek exclusion from the Settlement Class, you will be bound by any judgment entered by the Court approving the Settlements regardless of whether you submit a Claim Form.

To receive the most current information and regular updates, please submit your Claim Form on the settlement website at www.FreightForwardCase.com. On the settlement website, you will be able to submit web claims and receive future notices via email. Accordingly, if you prefer to receive all future notices by *mail only*, please check here.

SECTION A – CLAIMANT INFORMATION

Claimant Name(s) (As you would like the name(s) to appear on the check, if eligible for payment):

First Name	MI	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Business Name

Name Of The Person You Would Like The Claims Administrator To Contact Regarding This Claim
(if different from the Claimant Name(s) listed above):

First Name	MI	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Claimant Or Representative Contact Information: The Claims Administrator will use this information for all communications relevant to this Claim (including the check, if eligible for payment). If this information changes, you **MUST** notify the Claims Administrator in writing at the address above or online at www.FreightForwardCase.com.

Street Address

City	State	Zip Code/Postal Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Country (Other than U.S.)	Province
<input type="text"/>	<input type="text"/>

Daytime Telephone Number	Evening Telephone Number
<input type="text"/>	<input type="text"/>

Email Address

IF YOU FAIL TO SUBMIT A COMPLETE CLAIM BY APRIL 3, 2017, YOUR CLAIM IS SUBJECT TO REJECTION OR YOUR PAYMENT MAY BE DELAYED.

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SECTION B – SCHEDULE OF QUALIFYING PURCHASES OR SHIPMENTS

Please provide a summary of all Freight Forwarding Shipping Services that you have purchased from any of the below listed defendants or their subsidiaries or affiliates: (1) for shipments within, to, or from the United States or (2) in the United States for shipments anywhere in the world, during the period from January 1, 2001 to January 4, 2011. Please type or print neatly all information and check all that apply. If you need additional space, please continue on additional pages, make a note of the same on this Claim Form, and submit your additional pages with this Claim Form. Round the total purchase amount to the nearest dollar or whole unit of the currency for which you are claiming. Please indicate the currency you are using (Example: USD, EUR, CAD, JPY, CNY). Please also specify the date(s) of your purchase(s) and the origin(s) and destination(s) of your shipment(s).

Freight Forwarder (Indicate All That Apply)	Total Purchase Amount January 1, 2001 through January 4, 2011 (All Freight Charges And Surcharges, Excluding Taxes On Those Charges)			Shipping Routes	
	CURRENCY	AMOUNT	DATE(S) (MMDDYY)	ORIGIN(S)	DESTINATION(S)
ABX or SAIMA					
BAX Global					
Dachser					
DFDS or DSV					
DHL, Danzas (dba, DHL Global Forwarding), or Deutsche Post					
DHL Japan, DHL Global Forwarding Japan K.K., Danzas Maruzen, Airborne Express, or Air Express International					
EGL or Eagle					
Exel					
Expeditors					
Geodis or Geodis Wilson					
Geo-Logistics or Agility					

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	CURRENCY	AMOUNT	DATE(S) (MMDDYY)	ORIGIN(S)	DESTINATION(S)
Hankyu Hanshin Express, Hankyu Travel International or Hanshin Air Cargo					
Hellman					
Jet Speed					
Kuehne + Nagel or Kühne + Nagel					
Kintetsu World Express					
“K” Line Logistics					
MOL Logistics					
Morrison Express					
Nippon Express					
Nishi-Nippon					
Nissin					
Panalpina					
Schenker or Deutsche Bahn					
SDV					
Toll or Baltrans					
UPS Supply Chain Solutions Inc., United Parcel Service (UPS), Menlo Worldwide, or Emery					

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	CURRENCY	AMOUNT	DATE(S) (MMDDYY)	ORIGIN(S)	DESTINATION(S)
United Aircargo Consolidators					
UTi Worldwide					
Vantec					
Yamato					
Yusen Air & Sea					

1. Please state the sum total of freight forwarding shipments that you made with all Defendants or affiliates of the Defendants for each of the following:

a. For air shipments from Japan into the United States:

Total number of shipments between September 1, 2002 and November 30, 2007

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Total number of shipments between December 1, 2007 and January 4, 2011

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b. For air shipments from anywhere in the world (except Japan) to the United States:

Total number of shipments from January 1, 2003 to November 30, 2007

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Total number of shipments from December 1, 2007 to January 4, 2011

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c. For ocean shipments from anywhere in the world to the United States:

Total number of shipments between September 1, 2002 and November 30, 2007

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Total number of shipments between December 1, 2007 and January 4, 2011

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2. Please state the sum total poundage of freight forwarding shipments that you made with all Defendants or affiliates of the Defendants for each of the following:

a. For air shipments from anywhere in the world into the United States:

Total pounds of shipments between October 1, 2001 and November 30, 2007

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Total pounds of shipments between December 1, 2007 and January 4, 2011

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b. For air shipments from Japan to the United States; or for air shipments purchased in the United States for shipment from Japan to anywhere in the world:

Total pounds of shipments between September 1, 2002 and November 30, 2007

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Total pounds of shipments from December 1, 2007 to January 4, 2011

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3. Please state the sum total dollar Purchase Amount that you paid for freight forwarding shipments to all Defendants or affiliates of the Defendants during the following time periods on the following routes:

a. From July 5, 2005 to December 31, 2006 from China to the United States:

CURRENCY	AMOUNT	DATE(S) (MMDDYY)	ORIGIN(S)	DESTINATION(S)

b. From Hong Kong to the United States during (i) August 2005 to January 1, 2006; (ii) August 2006 to January 1, 2007; (iii) August 2007 to January 1, 2008 time period; or for shipments from Hong Kong to anywhere in the world that were purchased in the United States for the same periods of time:

CURRENCY	AMOUNT	DATE(S) (MMDDYY)	ORIGIN(S)	DESTINATION(S)

If you know that you have made shipments with Defendants within the timeframes above, but cannot state your purchases with specificity, please state the reasons why you cannot provide the information requested:

SECTION C – SUBMISSION TO JURISDICTION OF THE COURT

By signing below, you are submitting to the jurisdiction of the United States District Court for the Eastern District of New York.

SECTION D – CERTIFICATION UNDER PENALTY OF PERJURY

I hereby certify under penalty of perjury that:

1. The information provided in this Claim Form is accurate and complete to the best of my knowledge, information and belief;
2. I agree to provide additional information to Settlement Class Counsel or the Claims Administrator to support my claim, if necessary;
3. I am either (a) a member of the Settlement Class and did not request to be excluded from the Settlement Class or (b) the assignee or transferee of, or the successor to, the claim of a member of the Settlement Class and did not request to be excluded from the Settlement Class;
4. I have not entered into a settlement for any of the claims set forth in this Claim Form;
5. I am neither a Defendant, nor a parent, employee, subsidiary or affiliate of a Defendant;
6. I am not a government entity; and
7. I have not submitted any other claim for the same purchases of Freight Forwarding Shipping Services and have not authorized any other person or entity to do so, and know of no other person or entity having done so on my behalf.

Signature

Date - -
MM DD YY

Class Member (Print your name)

First Name MI Last Name

Business Name

Claimant Name (if different from above)

First Name MI Last Name

Social Security Number - - *OR* Taxpayer ID -

Title (e.g., President, CFO) Phone Number

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