Exhibit E

8 3 4 4 7 0 0 0 0 0 0 0

Your Claim Form must be submitted online or postmarked by: NOVEMBER 2, 2026

FULL-LENGTH CLAIM FORM

In re: Diisocyanates Antitrust Litigation
Master Docket Misc. No. 2:18-mc-1001
MDL No. 2862
United States District Court for the Western District of Pennsylvania

GENERAL INSTRUCTIONS

To receive a payment under the Settlements, you must file a claim. If you file a validated claim and it is approved, you will receive a *pro rata* share of the Net Fund based on your validated direct purchases of methylene diphenyl diisocyanate ("MDI") and/or toluene diisocyanate ("TDI") ("the Products"), no matter the trade name under which such Product is sold from any of (1) Defendants, Covestro AG, Wanhua Chemical Group Co., Ltd., Mitsui Chemicals, Inc., Mitsui Chemicals America, Inc., MCNS (a.k.a. Mitsui Chemicals & SKC Polyurethanes, Inc.) or MCNS Polyurethanes USA Inc., or (2) the subsidiaries, affiliates, or successors of any of the foregoing. For the BASF Corporation ("BASF") Settlement, distribution will be based on purchases at any time from January 1, 2016 up to and including April 2, 2026. For the Covestro LLC ("Covestro") Settlement, distribution will be based on purchases at any time from January 1, 2016 up to and including May 8, 2026. Please refer to the Notice posted on the Settlement Website **www.DiisocyanatesAntitrustLitigation.com**, for more information.

Important: Claim Forms must be submitted online or by mail by November 2, 2026.

This Claim Form may be mailed to the address below. Please type or legibly print all requested information, in blue or black ink. Mail your completed Claim Form, postmarked by **November 2, 2026**, by U.S. mail to:

In re: Diisocyanates Antitrust Litigation
c/o Kroll Settlement Administration LLC
P.O. Box 225391
New York, NY 10150-5391

I. CLASS MEMBER INFORMATION

_____ ____ _____
First Name MI Last Name

_____
Street Address

_____ ___ ___ ___ ___ ___ ___ ___
City State Zip Code

Email Address: _____@_____

Class Member ID: 8 3 4 4 7 ____ ____ ____ ____ ____ ____ ____ ____

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II. PAYMENT SELECTION

If you would like to elect to receive your Settlement Payment through electronic transfer, please visit the Settlement Website and timely file your Claim Form. The Settlement Website includes a step-by-step guide for you to complete the electronic payment option.

III. PURCHASE AMOUNT(S)

Your *pro rata* payment under the Settlements will be based on your validated direct purchases of MDI and/or TDI from any of the Defendants listed above (or their subsidiaries, affiliates, or successors). For the BASF Settlement, your *pro rata* payment will be based on your purchases at any time from January 1, 2016 up to and including April 2, 2026. For the Covestro Settlement, your *pro rata* payment will be based on your purchases at any time from January 1, 2016 up to and including May 8, 2026. Your purchase amounts are noted below.

Total purchase amounts based on Defendants' records:

MDI: <<$TotalPurchaseMDI>>

TDI: <<$TotalPurchaseTDI>>

Check the appropriate box to indicate whether you agree with the purchase amount(s) listed above or you want to amend the purchase amount(s) listed above.

☐ Yes, I agree with the purchase amount(s) listed above and would like to receive a *pro rata* payment based on those purchase amount(s). No additional documentation is required.

☐ No, I wish to amend and/or supplement the purchase amount(s) listed above and have enclosed a Purchase Audit Request Form with supporting documentation.

If you wish to amend and/or supplement your purchase amounts, the easiest way is to complete a Purchase Audit Request Form and Claim Form is online at **www.DiisocyanatesAntitrustLitigation.com** using your Class Member ID number.

Note: If you do not submit a Purchase Audit Request Form with supporting documentation to validate the claim amount, your *pro rata* payment amount will be based on the purchase amount(s) mentioned above.

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IV. ATTESTATION & SIGNATURE

I declare under penalty of perjury under the laws of the United States that the information supplied in this Claim Form is true and correct to the best of my knowledge and that this form was executed on the date below.

_____ ____ ____ / ____ ____ / ____ ____ ____ ____
Your Signature Date (mm/dd/yyyy)

_____ _____
Print Name Title