Exhibit F

8344700000000

Your Claim Form must be submitted online or postmarked by: October 13, 2026

PURCHASE AUDIT REQUEST FORM

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

GENERAL INSTRUCTIONS

If you previously submitted a Purchase Audit Request Form in conjunction with the settlements with BASF and Covestro, you do **not** need to submit this Purchase Audit Request Form. If you would like to amend and/or supplement the amounts of your eligible direct purchases of methylene diphenyl diisocyanate ("MDI") and/or toluene diisocyanate ("TDI"), no matter the trade name under which such product is sold (the "Products") and you did not previously submit a Purchase Audit Request Form or are unsure whether you did so, you should complete and submit the Purchase Audit Request Form.

Eligible direct purchases of MDI and TDI mean purchases of the Products from any of (1) current and former Defendants[1] or (2) the subsidiaries, affiliates, or successors of any of the foregoing, at any time from January 1, 2016 up to and including July 9, 2026.

Please refer to the Notice posted on the Settlement Website **www.DiisocyanatesAntitrustLitigation.com**, for more information.

Important: Purchase Audit Request Forms must be submitted online or by mail by October 13, 2026.

This Purchase Audit Request Form may be mailed to the address below. Please type or legibly print all requested information, in blue or black ink. Mail your completed form, postmarked by **October 13, 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: _____@_____

[1] "Defendants" means all those entities set forth in Paragraph 12 of the WCA Settlement Agreement.

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 Purchase Audit Request Form. The Settlement Website includes a step-by-step guide for you to complete the electronic payment option.

III. PURCHASE AMOUNT

Along with this Purchase Audit Request Form, you must submit supporting documentation to validate the claim amount(s) below. Such records may include purchase orders, receipts, business records, or the like. Please summarize the purchase amounts you are claiming and the supporting documentation you are submitting the table below. You may add additional pages as needed.

Total claimed purchase amount(s):

MDI: $_____

TDI: $_____

Please confirm that you have attached supporting documentation for your claim by checking the box below:

☐ I have attached supporting documentation of purchases to validate the claim amount(s) above.

Date of Purchase	**Amount of Purchase**	**Description of Record or Documentation** (Identify the purchase and what you are attaching, e.g., purchase order for MDI)
___ ___ / ___ ___ / ___ ___ (mm/dd/yy)	$	
___ ___ / ___ ___ / ___ ___ (mm/dd/yy)	$	
___ ___ / ___ ___ / ___ ___ (mm/dd/yy)	$	

IV. ATTESTATION & SIGNATURE

I declare under penalty of perjury under the laws of the United States that the information supplied in this Purchase Audit Request 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