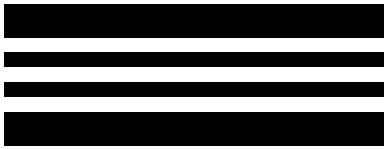


Official
Office
Use
Only



Must Be Postmarked No Later
Than December 15, 2023

Northland Resources S.A.
Ontario Superior Court of Justice
Court File No. CV-13-486111-00CP

NLQ

CLAIM FORM

Please Type or Print in the Boxes Below
Do NOT use Red Ink, Pencil, or Staples

PART I: CLAIMANT IDENTIFICATION

Payee Name (as you would like the name(s) to appear on the cheque, if eligible for payment):

S a m p l e c l a i m a n t

Payee Name (as you would like the name(s) to appear on the cheque, if eligible for payment):

Payee Name (as you would like the name(s) to appear on the cheque, if eligible for payment):

Company Name (Beneficial Owner - If Claimant is not an Individual) or Custodian Name if an IRA

Trustee/Asset Manager/Nominee/Record Owner's Name (If Different from Beneficial Owner Listed Above)

Account#/Fund# (Not Necessary for Individual Filers)

Telephone Number (Primary Daytime)

1 2 3 — 4 5 6 — 7 8 9 1

Telephone Number (Alternate)

Email Address

s a m p l e c l a i m a n t @ g m a i l . c o m

Sample Only --- Do Not Submit

MAILING INFORMATION

Address

1 2 3 M a i n S t

Address

A p t 3

City/Locality/Post Town/Postal Town

T o r o n t o

State

Province, if applicable

O n t a r i o

Postal Code/Post Code

A 1 B 2 C 3

Country Name/Abbreviation

C A N

FOR CLAIMS
PROCESSING
ONLY

OB

CB

- ATP
- KE
- ICI

- BE
- DR
- EM

- FL
- ME
- ND

- OP
- RE
- SH

M M / D D / Y Y Y Y

FOR CLAIMS
PROCESSING
ONLY



PART II. SCHEDULE OF TRANSACTIONS IN NORTHLAND RESOURCES S.A.

This claim form is directed to: all persons and entities, wherever they may reside or be domiciled, other than Excluded Persons and Opt-Out Parties, who acquired Securities of Northland between April 1, 2012 and January 23, 2013, inclusive.

A. Northland securities held March 31, 2012: 2 0 Proof Enclosed? Y N

B. Purchases of Northland securities acquired between April 1, 2012 and January 23, 2013, inclusive:

PURCHASES							Total Purchase or Acquisition Price (Including Commissions). <i>Please round off to the nearest whole dollar.</i>	Proof of Purchase Enclosed?	Transaction Currency									
Trade Date(s) of Shares (List Chronologically)			Number of Shares Purchased or Acquired															
M	M	D	D	Y	Y													
1.	0	4	/	2	0	/	1	0	0	\$							<input checked="" type="radio"/> Y <input type="radio"/> N	<input checked="" type="radio"/> CAD
2.			/			/				\$							<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> USD
3.			/			/				\$							<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> EUR
4.			/			/				\$							<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> NOK
			/			/				\$							<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> SEK

C. Northland securities acquired from January 24, 2013 to the date you are filing your claim form: 5 0 Proof Enclosed? Y N

D. Northland securities sold/disposed of between April 1, 2012 to and including the date of the Claim Form:

SALES							Total Sales Price (Excluding Commissions). <i>Please round off to the nearest whole dollar.</i>	Proof of Sales Enclosed?	Transaction Currency									
Trade Date(s) of Shares (List Chronologically)			Number of Shares Sold															
M	M	D	D	Y	Y													
1.	0	4	/	2	5	/	1	2	0	\$							<input checked="" type="radio"/> Y <input type="radio"/> N	<input checked="" type="radio"/> CAD
2.			/			/				\$							<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> USD
3.			/			/				\$							<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> EUR
4.			/			/				\$							<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> NOK
			/			/				\$							<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> SEK

E. Number of Northland securities held at the time the Claim Form is filed: 5 0 Proof Enclosed? Y N

If you require additional space, attach extra schedules in the same format as above. Sign and print your name on each additional page.

YOU MUST READ AND SIGN THE DECLARATION ON PAGE 5. FAILURE TO SIGN THE DECLARATION MAY RESULT IN A DELAY IN PROCESSING OR THE REJECTION OF YOUR CLAIM.



PART III. Declaration

I (we) declare that the information on this Claim Form is true, correct and complete to the best of my (our) knowledge, information and belief.

I (we) declare that I (we) have disclosed all of my (our) holdings and purchase and sales transactions in Shares for the time periods required by this Claim Form.

I (we) also declare that I (we) am (are) not an Excluded Person(s) as these terms are defined in the General Instructions.

I (we) acknowledge and agree that the Claims Administrator may disclose all information relating to my (our) claim to the Courts and counsel to the parties in the Actions, as may be necessary.

Executed this 15th day of August in Toronto/ON/Canada
(Month/Year) (City/State/Province/Country)

Sample Claimant
(Sign your name here)

(Sign your name here)

Sample Claimant
(Type or print your name here)

(Type or print your name here)

(Capacity of person(s) signing, e.g.,
Beneficial Purchaser or Acquirer, Executor or Administrator)

(Capacity of person(s) signing, e.g.,
Beneficial Purchaser or Acquirer, Executor or Administrator)

Proof of Authority to File Enclosed? Y N

Proof of Authority to File Enclosed? Y N

**ACCURATE CLAIMS PROCESSING TAKES A SIGNIFICANT AMOUNT OF TIME.
THANK YOU FOR YOUR PATIENCE.**

Sample Only --- Do Not Submit



Reminder Checklist:

1. Please sign the above declaration.
2. Remember to attach supporting documentation, if available.
3. Do not send original share certificates; we may not be able to send them back.
4. Keep a copy of your Claim Form and all supporting documentation for your records.
5. The Claims Administrator will acknowledge receipt of your Claim Form by mail or email within 60 days. Your Claim Form is not deemed fully filed until you receive an acknowledgment postcard. If you do not receive an acknowledgment postcard within 60 days, please call the Claims Administrator toll-free at 1-888-756-7635.
6. If you move, you are required to send the Claims Administrator your new address. If you change your email address, you are required to notify the Claims Administrator. Failure to notify the Claims Administrator of a new address and/or email address may result in your settlement benefits not being received by you.

Privacy Statement

All personal information provided by or on behalf of the Claimant to the Claims Administrator will be handled in accordance with applicable privacy laws and the Claims Administrator's privacy policies available at www.ricepoint.com. Such information will be used for the purposes of administering the Settlement Agreement, including evaluation by the Claims Administrator, Class Counsel, Defense Counsel, and the Referee jointly approved by the parties, of the Claimant's eligibility for compensation under the Settlement Agreement. Personal information provided by the Claimant will not be disclosed without further express written consent of the Claimant, except to Class Counsel, Defense Counsel, and the Referee jointly approved by the parties; to appropriate persons to the extent necessary to process claims or provide benefits under the Settlement Agreement; as otherwise expressly provided in the Settlement Agreement; pursuant to court order, or as otherwise permitted or required by law; as may be reasonably necessary in order to enforce, or for Class Counsel or Defense Counsel to exercise their respective rights (including appeal rights) under the Settlement Agreement; or to the immediate family members, counsel, accountants and/or financial advisors of the Claimant (each of whom the Claimant shall instruct to maintain and honour the confidentiality of such information).

Sample Only --- Do Not Replicate

