

NORTHLAND RESOURCES S.A. CLASS ACTION CLAIM FORM INSTRUCTIONS

I. GENERAL INSTRUCTIONS – PLEASE READ CAREFULLY

1. The purpose of this Claim Form is to help eligible shareholders of Northland Resources S.A. to claim and receive compensation from a € 7,550,000 class action settlement.¹
2. Eligible Claimants are shareholders who meet all of the following criteria:
 - acquired Securities of Northland between April 1, 2012 and January 23, 2013, inclusive (the “Class Period”);
 - have not previously “opted-out” (which means elected to exclude themselves) of the Action; and
 - are not an Excluded Person as defined below under Key Definitions.

Please only submit a Claim Form, if you meet the criteria above and believe you are an Eligible Claimant.

II. CLAIM FORM INSTRUCTIONS

1. Review the Claim Form carefully and fill out all required information. Please complete the checklist below:
 - Identify yourself as a Claimant and use Part I of the Claim Form to explain:
 - (i) if you are filing a claim in respect of shares in your own name or whether they were held in the name of your broker or other nominee;
 - (ii) if you are filing the claim on behalf of the beneficial owner (i.e. an RESP for a child); or
 - (iii) if you bought the shares jointly with someone else (i.e. as an administrator, executor, guardian, trustee, etc.);
 - The Claim Form must be filed by the actual legal owner (the “Actual Beneficiary Owner”) of the Northland Shares or the Legal Representative of such Owner(s);
 - If you bought Northland shares through more than one institution, complete a separate Claim Form for each institution and each of your accounts within those institutions (i.e. RESP, RRSP, pension, etc.);
 - List all of your purchases and sales of Northland shares *during* the Class Period separately and in chronological order, by trade date (not settlement date), beginning with the earliest.
 - Please ensure that you accurately provide the month, day and year of each transaction listed.
 - Acquisitions *after* the Class Period can be listed together or in the “aggregate”. You do not need to provide the specific particulars for each acquisition *after* the Class Period.
 - In particular, list the following:
 - Northland shares held at March 31, 2012
 - Northland shares acquired between and including April 1, 2012 to January 23, 2013
 - Northland shares acquired between January 24, 2013 and the date of filing the claim form
 - Northland shares sold between April 1, 2012 and the date of filing the claim form
 - Number of common shares held at the time the claim form is filed
 - Failure to report all required details may result in the rejection of a Claimant’s claim.
 - Attach documents, such as broker confirmations, trading slips or purchase and sale receipts, which show all of the above in respect of your Northland shares.
 - Ask your broker for assistance, if necessary.
 - Certain Claimants with large numbers of transactions may request, or may be requested, to submit information regarding their transactions in an electronic aggregate file. If you wish to file an electronic file batch claim, you must contact the Claims Administrator at institutions@ricepoint.com.

¹ See the Plan of Distribution at www.northlandclassaction.com. Eligible claimants will receive compensation under a formula which assigns them a Settlement Input Value based on their purchase and sale history of their Northland shares in connection with the alleged misrepresentation. The Net Settlement Fund will be distributed on a pro-rata basis to approved Claimants. There will be a minimum of \$20 payable to approved Claimants, subject to proration in the event of high claims rates.

- The Claims Administrator shall have the discretion to interpret the adjudication of claims in such a fashion as to ensure the facilitation of the goals of the Settlement for the benefit of the Class Members.
 - Claimants are encouraged to provide their best available document. Failure to submit supporting documentation acceptable to the Claims Administrator may result in the rejection of your claim.
2. Submit your completed and signed Claim Form either through the online portal at www.northlandclassaction.com or by mail, postmarked on or before December 15, 2023, addressed to the Claims Administrator:

Northland Resources S.A. Class Action
c/o RicePoint Administration Inc.
P.O. Box 3355, London, ON N6A 4K3

3. Only those Class Members who submit properly completed Claims Forms with the required proof in a form that is satisfactory to the Claims Administrator are eligible to share in the Net Settlement Fund. Submission of this Claim Form alone does not guarantee that you will share in the Net Settlement Fund.
4. For questions about this Claim Form, or if you require assistance, please contact the Claims Administrator, RicePoint Administration Inc., at 1-888-756-7635 or northland@ricepoint.com.
5. The information required by the Claims Administrator is the minimum amount of information necessary to process the claims. The Claims Administrator may request additional information as required to efficiently and reliably calculate Claimants' losses. In some cases, where the Claims Administrator cannot perform compensation calculations accurately or at a reasonable cost to the Class with the information provided by a Claimant, the Claims Administrator may conditionally accept the claim pending receipt of additional information.
6. For a sample completed Claim Form, please visit the settlement website at www.northlandclassaction.com.

III. KEY DEFINITIONS

“Action” means *Lundell v. Northland Resources S.A., et al.* brought in the Ontario Superior Court of Justice, Court File number CV-13-486111-00CP (Toronto).

“Claimant” means a Class Member who submits a properly completed claim form and all required supporting documentation to the Claims Administrator, on or before the Claims Deadline including a Class Member whose timely but deficient claim form is subsequently remedied and accepted by the Claims Administrator.

“Class, Class Member or Settlement Class” means all persons and entities, wherever they may reside or be domiciled, other than Excluded Persons and Opt-Out Parties, who acquired Securities of Northland during the Class Period.

“Class Period” means April 1, 2012 and January 23, 2013, inclusive.

“Excluded Person” means all former and current defendants and any of their subsidiaries, affiliates, officers, directors, senior employees, legal representatives, heirs, predecessors, successors or assigns.

“Northland” means Northland Resources S.A. subsequently known as Northland S.E. as of August 2014 and Northland's past and present affiliates and subsidiaries.

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):

[Grid for Payee Name 1]

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

[Grid for Payee Name 2]

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

[Grid for Payee Name 3]

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

[Grid for Company Name]

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

[Grid for Trustee/Asset Manager/Nominee/Record Owner's Name]

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

[Grid for Account#/Fund#]

Telephone Number (Primary Daytime)

[Grid for Telephone Number (Primary Daytime)]

Telephone Number (Alternate)

[Grid for Telephone Number (Alternate)]

Email Address

[Grid for Email Address]

MAILING INFORMATION

Address

[Grid for Address 1]

Address

[Grid for Address 2]

City/Locality/Post Town/Postal Town

[Grid for City/Locality/Post Town/Postal Town]

State

[Grid for State]

Province, if applicable

[Grid for Province, if applicable]

Postal Code/Post Code

[Grid for Postal Code/Post Code]

Country Name/Abbreviation

[Grid for Country Name/Abbreviation]

FOR CLAIMS
PROCESSING
ONLY

OB

[Grid for OB]

CB

[Grid for CB]

- ATP
- KE
- ICI

- BE
- DR
- EM

- FL
- ME
- ND

- OP
- RE
- SH

MM / DD / YYYY

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: 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.	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> CAD <input type="radio"/> USD
2.	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> EUR <input type="radio"/> NOK
3.	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> SEK
4.	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="radio"/> Y <input type="radio"/> N	

C. Northland securities acquired from January 24, 2013 to the date you are filing your claim form: 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.	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> CAD <input type="radio"/> USD
2.	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> EUR <input type="radio"/> NOK
3.	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="radio"/> Y <input type="radio"/> N	<input type="radio"/> SEK
4.	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="radio"/> Y <input type="radio"/> N	

E. Number of Northland securities held at the time the Claim Form is filed: 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 _____ day of _____ in _____
(Month/Year) (City/State/Province/Country)

(Sign your name here)

(Sign your name here)

(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.**



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).

