IN THE MATTER OF A PLAN OF COMPROMISE AND ARRANGEMENT OF CANADIAN DEHUA INTERNATIONAL MINES GROUP INC. ("CDI")

PROOF OF CLAIM

ALL CAPITALIZED TERMS NOT OTHERWISE DEFINED HEREIN HAVE THE MEANINGS GIVEN TO THEM IN THE ENCLOSED CLAIMS PROCESS INSTRUCTION LETTER, INCLUDING APPENDIX "A" THERETO.

Please read the enclosed Claims Process Instruction Letter carefully prior to completing this Proof of Claim.

Please review the Claims Process Order, which is posted to the Monitor's Website at: http://cfcanada.fticonsulting.com/CanadianDehuaInternational/

1. Particulars of Claim

Please complete the following (the name and contact information should be of the original Creditor, regardless of whether all or any portion of the Claim has been assigned).

Full Legal Name:					
Full Mailing Address:					
Telephone Number:					
Facsimile Number:					
E-mail address:					
Attention (Contact Person):					
Has all or part of the Claim been assigned by the Creditor to another party?					
Yes: []					
No: []					

2. Particulars of Assignee(s) (If any)

Please complete the following if all or a portion of the Claim has been assigned. Insert full legal name of the assignee(s) of the Claim. If there is more than one assignee, please attach a separate sheet with the required information.

Full Legal Name of Assignee:	
Full Mailing Address of Assignee:	
Telephone Number of Assignee:	
Facsimile Number of Assignee:	
E-mail address of Assignee:	
Attention (Contact Person):	
3. Proof of Claim	
	(name), of
(City and Province, State or Territory) de	o nereby certify that:
[] I am a Creditor; or	
] I am the	(state position or
	(name of corporate
Creditor), which is a Creditor;	
I have knowledge of all the circu	mstances connected with the Claim referred to below;
I (or the corporate Creditor, as a	pplicable) have a Claim against CDI as follows:
PRE-FILING CLAIM (as at June	3, 2022):
\$	(insert amount of Claim)

<u>Note</u>: Claims should be submitted in Canadian Dollars converted using the applicable Bank of Canada exchange rate published on the Filing Date.

4. (Chec		e of Claim omplete appropriate category)	
[] A. no as	UNSECURED CLAIM OF \$sets CDI are pledged or held as security.	That in respect of this debt,
[asset	SECURED CLAIM OF \$s S CDI valued at \$s s security, particulars of which are as follows:	That in respect of this debt, are pledged to or held by

(Give full particulars of the security, including the date on which the security was obtained, and attach a copy of any security documents.)

5. **Particulars of Claims**

Please attach details concerning the particulars of the Creditor's Claims, as well as any security held by the Creditor.

(Provide all particulars of the Claims and supporting documentation, including the amount, description of transaction(s) or agreement(s) giving rise to the Claims, name of any guarantor which has guaranteed the Claims, amounts of invoices, particulars of all credits, discounts, etc. claimed, description of the security, if any, granted by CDI to the Creditor or asserted by the Creditor and estimated value of such security.

6. Filing of Claims

This Proof of Claim <u>must be received by the Monitor by no later than 5:00 p.m. (Vancouver time) on August 15, 2022</u> (the "Claims Bar Date").

IN ACCORDANCE WITH THE TERMS OF THE CLAIMS PROCESS ORDER, THE FAILURE TO FILE YOUR PROOF OF CLAIM BY THE CLAIMS BAR DATE, WILL RESULT IN YOUR CLAIM BEING FOREVER <u>BARRED</u> AND <u>EXTINGUISHED</u>, AND YOU WILL BE PROHIBITED FROM MAKING OR ENFORCING A CLAIM AGAINST CDI.

This	Proof	of Clain	า must	be	delivered	by	prepaid	registered	mail,	personal	delivery,	e-mail,	O
cou	ier to th	ne follow	ing add	dre	sses:								

FTI Consulting Canada Inc. 701 West Georgia Street Suite 1450, PO Box 10089 Vancouver, BC V7Y 1B6

Attention: Craig Munro and Hailey Liu

Telephone: 1.604.757.6108

1.403.454.6040

Email: <u>Craig.Munro@fticonsulting.com</u> Hailey.Liu@fticonsulting.com

DATED this day of	, 2022
Witness Signature	Signature of Creditor
Print Name of Witness	Print Name of Creditor
	If the Creditor is other than an individual, print name and title of authorized signatory
	Name
	Title