

## **PROOF OF CLAIM INSTRUCTION LETTER**

This instruction letter has been prepared to assist Claimants in filling out the Proof of Claim form for Claims against Antibe Therapeutics Inc. (“**Antibe**”), in receivership (the “**Receivership Proceeding**”).

FTI Consulting Canada Inc. is the court-appointed receiver and manager (the “**Receiver**”) of Antibe. If you have any additional questions regarding completion of the Proof of Claim, please contact the Receiver at [antibe@fticonsulting.com](mailto:antibe@fticonsulting.com) or via local telephone number at +1 (416) 649-8082 or toll-free at +1 (833) 511-7227. Additional copies of the Proof of Claim and other important information regarding the Receivership Proceeding and Claims Procedure may be downloaded from the Receiver’s website:

<http://cfcanada.fticonsulting.com/antibe/>

### **CLAIMANTS MUST COMPLETE AND SUBMIT THEIR PROOF OF CLAIM TO THE RECEIVER BY 1:00 P.M. ET ON AUGUST 30, 2024 (THE “CLAIMS BAR DATE”).**

Please note that this is a guide only, and that in the event of any inconsistency between the terms of this guide and the terms of the Claims Procedure Order dated June 24, 2024 (the “**Claims Procedure Order**”), the terms of the Claims Procedure Order will govern in all respects. Capitalized terms used in this Proof of Claim Instruction Letter and not otherwise defined herein have the meanings ascribed to them in the Claims Procedure Order.

#### **SECTION 1 – PARTICULARS OF CLAIMANT**

1. A separate Proof of Claim must be filed by each legal entity or person asserting a Claim against Antibe or its directors and officers.
2. The full legal name of the Claimant must be provided.
3. If the Claimant operates under a different name or names, please indicate this in a separate schedule in the supporting documentation.
4. If the Claim has been assigned or transferred to another party, Section 2 must also be completed.
5. Unless the Claim is validly assigned or transferred, all future correspondence, notices, etc., regarding the Claim will be directed to the address and contact person indicated in this section.

#### **SECTION 2 – PARTICULARS OF ORIGINAL CLAIMANT FROM WHOM YOU ACQUIRED THE CLAIM, IF APPLICABLE**

1. If the Claimant has assigned or otherwise transferred its Claim, then Section 2 must be completed, and all documents evidencing such assignment or transfer must be attached.
2. The full legal name of the Assignee must be provided.

3. If the Assignee operates under a different name or names, please indicate this in a separate schedule in the supporting documentation.
4. If the Receiver is satisfied that an assignment or transfer has occurred, all future correspondence, notices, etc., regarding the Claim will be directed to the Assignee at the address and contact indicated in this section.

### **SECTION 3 – PROOF OF CLAIM AMOUNT**

1. The person signing the Proof of Claim should:
  - (a) be the Claimant or an authorized representative of the Claimant; and
  - (b) have knowledge of all circumstances connected with this Claim.
2. The Claimant shall include any and all Claims that it asserts against Antibe or its directors and officers in a single Proof of Claim.
3. The amount of the Claim must be completed in the currency in which it arose. If the Claim is denominated in a foreign currency, it shall be filed in such currency and will be converted to Canadian Dollars by the Receiver at rates set out in the Claims Procedure Order.
4. If there are insufficient lines to record each Claim amount, attach a separate schedule indicating the required information.

### **SECTION 4 – NATURE OF CLAIM**

1. The Claimant shall denote the type of Claim and respective amounts against Antibe or its directors and officers.
2. If a Claim is secured, indicate the total secured claim amount in addition to full particulars of the security and/or guarantee, including the date the security was given the value for which you ascribe to the assets charged by your security, the basis for such valuation, and attach a copy of the security documents evidencing the security.

### **SECTION 5 – PARTICULARS OF CLAIM**

1. Attach to the Proof of Claim form all particulars of the Claim and all available supporting documentation, including any calculation of the amount, and description of transaction(s) or agreement(s), or legal breach(es) giving rise to the Claim, including any claim assignment/transfer agreement or similar document, if applicable, the name of any guarantor(s) which has guaranteed the Claim and a copy of such guarantee documentation, the amount of invoices, particulars of all credits, discounts, etc. claimed, as well as a description of the security, if any, granted to the Claimant and estimated value of such security.

## **SECTION 6 – FILING OF CLAIM**

1. Proofs of Claim must be delivered to the Receiver. The preferred method of delivery is by email, or alternatively by prepaid ordinary mail, registered mail, courier, personal delivery, or facsimile transmission at one of the applicable addresses below:

FTI Consulting Canada Inc., Receiver  
of Antibe Therapeutics Inc.  
79 Wellington Street West, Suite #2010  
Toronto Dominion Centre, South Tower  
P.O. Box 104  
Toronto, Ontario, Canada  
M5K 1G8

Attention: Jim Robinson and Jonathan Joffe

Email: [antibe@fticonsulting.com](mailto:antibe@fticonsulting.com)

Fax: +1 (416) 649-8101

**PROOFS OF CLAIM MUST BE RECEIVED BY THE RECEIVER BY THE APPLICABLE CLAIMS BAR DATE OR THE CLAIM WILL BE FOREVER BARRED AND EXTINGUISHED WITH NO ENTITLEMENT TO RECEIVE ANY DISTRIBUTION OR FURTHER NOTICE PURSUANT TO THE CLAIMS PROCEDURE.**

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