PROOF OF POST-FILING CLAIM AGAINST GROWTHWORKS CANADIAN FUND LTD.

(hereinafter referred to as the "Applicant") and/or its Directors and Officers

This form is to be used by Post-Filing Claimants asserting a Post-Filing Fund Claim and/or a Post-Filing D&O Claim against the Applicant or its Director(s) and/or Officer(s). Capitalized terms not defined in this form have the meanings given to them in the Post-Filing Claims Procedure Order, which all Persons are encouraged to review in its entirety.

1. PARTICULARS OF POST-FILING CLAIMANT

(a) Full Legal Name of Post-Filing Claimant (the "**Post-Filing Claimant**"):

(Full legal name should be the name of the Post-Filing Claimant of the Applicants or the Directors and/or Officers as of October 1, 2013 (the "Filing Date"), notwithstanding whether an assignment of a Post-Filing Fund Claim and/or Post-Filing D&O Claim, or a portion thereof, has occurred following the Filing Date)

- (b) Attention (Contact Person):
- (c) Email Address:
- (d) Telephone Number:
- (e) Fax Number:
- (f) Full Mailing Address of the Post-Filing Claimant: (the Post-Filing Claimant as of the Filing Date)

2. PARTICULARS OF ASSIGNEE(S) (IF ANY)

(a) Has the Post-Filing Fund Claim or Post-Filing D&O Claim been sold or assigned by the Post-Filing Claimant to another party [check ($\sqrt{$) one]?

Yes 🗆 No 🗆

(If Yes, you must include the details and documentation that support the assignment, including whether all or a portion of the Post-Filing Fund Claim or Post-Filing D&O Claim has been assigned. If there is more than one assignee, please attach a separate sheet with the required contact information for each)

- (b) Full Legal Name of the original Post-Filing Claimant(s):
- (c) Full Legal Name of Assignee(s):

- (d) Attention (Contact Person):
- (e) Email Address:
- (f) Telephone Number:
- (g) Fax Number:
- (h) Full Mailing Address of the Assignee

3. PARTY CLAIMING AGAINST

- (a) The Post-Filing Claimant asserts this Post-Filing Fund Claim and/or Post-Filing D&O Claim against [check ($\sqrt{}$) one or both, as applicable]:
 - □ The Applicant

□ Director(s) and/or Officer(s) of the Applicant

4. AMOUNT AND NATURE OF POST-FILING CLAIM

(a) The Applicant / Director(s) and/or Officer(s) was/were and still is/are indebted to the Post-Filing Claimant as follows:

Director(s) and/or Officer(s) Name(s) (If you are making a Post-Filing D&O Claim against the Directors and/or Officers, please list the Director(s) and/or Officer(s) against which you assert your Post-Filing D&O Claim. If your Post- Filing Claim is against the Applicant, this column can be left blank)	Currency	Original Currency Amount	Unsecured Claim	Secured Claim

(b) Is a secured or priority claim being asserted? [check ($\sqrt{}$) one]

Yes 🗆 No 🗆

(If a secured claim is being asserted, please give full particulars of the security, including the date on which the security was given, the value at which you assess the security and a copy of the security documents. If a priority claim is being asserted, please provide details as to the priority claim being asserted, the basis for the priority claim and any relevant documents you have in support of your priority claim)

5. PARTICULARS OF POST-FILING CLAIM AND DOCUMENTATION

(a) Please provide all particulars of the Post-Filing Claim and supporting documentation, including the amount, description of transaction(s) or agreement(s) giving rise to the Post-Filing Claim, name of any guarantor which has guaranteed the Post-Filing Claim, and amount of invoices, particulars of all credits, discounts, etc. claimed, description of the security, if any, granted by any Applicant or any Director or Officer to the Post-Filing Claimant and estimated value of such security.

Particulars not already contained herein and relevant supporting documentation may be appended as a schedule to this Proof of Post-Filing Claim.

6. CERTIFICATION

I hereby certify that:

- (a) I am the Post-Filing Claimant or authorized representative of the Post-Filing Claimant;
- (b) I have knowledge of all the circumstances connected with the Post-Filing Fund Claim and/or Post-Filing D&O Claim referred to herein;
- (c) The Post-Filing Claimant asserts this Post-Filing Fund Claim and/or Post-Filing D&O Claim against the Applicant or Director(s) and/or Officer(s) of the Applicant as set out herein; and
- (d) Complete documentation in support of this Post-Filing Fund Claim and/or Post-Filing D&O Claim is attached;

(signature of the Post-Filing Claimant or authorized representative)

(witness signature)

(print name)

(print name)

(title)

Dated at ______ this _____ day of _____, 202_

7. FILING PROOF OF POST-FILING CLAIM

Completed Proofs of Post-Filing Claims, and all relevant supporting documentation, must be received by the Monitor by 5:00 p.m. (Eastern Time) on January 21, 2022 (the "**Post-Filing Claims Bar Date**"), as set out in the Post-Filing Claims Procedure Order. Completed Proofs of Post-Filing Claims must be sent to the Monitor by email, or if it cannot be given by email, by prepaid registered mail or courier, at the following address:

FTI Consulting Canada Inc., GrowthWorks Canadian Fund Ltd. Monitor

Address:	TD Waterhouse Tower 79 Wellington Street West Suite 2010, P.O. Box 104 Toronto, Ontario Canada, M5K 1G8
Email:	growthworkscanadianfundItd@fticonsulting.com
<u>Attention:</u>	Patrick Kennedy

Only Proofs of Post-Filing Claims that are actually received by the Monitor on or before the Post-Filing Claims Bar Date will be considered filed by the Post-Filing Claims Bar Date. It is your responsibility to ensure that the Monitor receives your Proof of Post-Filing Claim by the Post-Filing Claims Bar Date.

PROOFS OF POST-FILING CLAIMS WHICH ARE NOT RECEIVED BY THE POST-FILING CLAIMS BAR DATE WILL BE BARRED AND EXTINGUISHED FOREVER.

For more information see <u>http://cfcanada.fticonsulting.com/gcfl/default.htm</u>, or contact the Monitor by telephone at 416-649-8087 or toll-free at 1-855-431-3185.