

PROOF OF CLAIM FORM

This Proof of Claim Form must be read together with the Claims Process Order (the “**Claims Process Order**”) of the Supreme Court of British Columbia granted on August 26, 2024. A copy of the Claims Process Order is available at <http://cfcanada.fticonsulting.com/incaone>. All capitalized terms not otherwise defined herein have the same meanings as are given to them in Schedule “B” of the Claims Process Order.

You only need to complete this Proof of Claim Form if:

- (a) you have received a Claims Notice as part of your Claims Package and wish to dispute any Claim against Inca One Gold Corp. (the “**Petitioner**”) set forth in the Claims Notice sent to you; or
- (b) you have not received a Claims Notice as part of your Claims Package and wish to assert a Claim against the Petitioner; or
- (c) you have not received a Claims Package and wish to assert a Claim against the Petitioner.

In the case of (a), (b) and (c) above, you **MUST** complete this Proof of Claim Form.

Additionally, if you wish to assert a Director/Officer Claim against the Director(s) or Officer(s) of the Petitioner, you **MUST** also complete a Director/Officer Claim Form.

1. Claim Particulars

A) 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 transferred*]

Full Legal Name of Creditor:	
Full Mailing Address:	
Telephone Number:	
Facsimile Number:	
E-mail address:	
Attention (Contact Person):	

B) Has all or part of the Claim been transferred by the Creditor to another party?

Yes:

No:

C) Particulars of Transferee(s) (If any)

Please complete the following if all or a portion of the Claim has been transferred. Insert full legal name of the transferee(s) of the Claim. If there is more than one transferee, please attach a separate sheet with the required information and any documents evidencing assignment.

Full Legal Name of Transferee:	
Full Mailing Address of Transferee:	
Telephone Number of Transferee:	
Facsimile Number of Transferee:	
E-mail address of Transferee:	
Attention (Contact Person):	

D) Dispute of Claim *[To be completed if you received a Claims Notice as part of your Claims Package and wish to dispute the Claim as set out in the Claims Notice]*

The Claimant hereby disagrees with the value of its Claim as set out in the Claims Notice dated _____ and asserts a Claim as follows:

CLAIM TYPE	CLAIM AMOUNT PER CLAIMS NOTICE (\$CDN)	AMOUNT CLAIMED (\$CDN)	SECURED PORTION OF CLAIM (\$CDN)	UNSECURED PORTION OF CLAIM (\$CDN)
Pre-Filing Claim	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Post-Filing Claim	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restructuring Claim	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employee Claim	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[Insert particulars of your Claim as per the Claims Notice, and the value of your Claim(s) as asserted by you]

E) Proof of Claim [To be completed if you DID NOT receive a Claims Notice]

Please complete the following

I, _____ (name), of _____
[City and Province, State or Territory] (the "Claimant") do hereby certify that:

I am a Creditor; **or**

I am the _____ [state position or title] of _____
_____ [name of corporate Creditor], which is a Creditor;

I have knowledge of all the circumstances connected with the Claim referred to below;

I (or the corporate Creditor, as applicable) have a Claim against the Petitioner. as follows:

CLAIM (as at June 3, 2024):

\$ _____ [insert amount of Claim]

RESTRUCTURING CLAIM:

\$ _____ [insert amount of Claim resulting from the disclaimer, rescission, or termination, after the Filing Date, of any contract including any lease or other agreement or arrangement of any nature whatsoever, whether written or oral];

TOTAL CLAIM(S) \$ _____

F) Nature of Claim [To be completed if you DID NOT receive a Claims Notice]

[Check and complete appropriate category]

A. UNSECURED CLAIM OF \$ _____, against the Petitioner. That in respect of this debt, no assets of the Petitioner are pledged or held as security.

B. SECURED CLAIM OF \$ _____, against the Petitioner That in respect of this debt, assets of the Petitioner consisting of: _____ and being valued at _____ are pledged to or held by me as security, particulars of which are as follows:

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

G) Supporting Documentation

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

If you received a Claims Notice as part of your Claims Package, please describe the reasons and basis for your dispute of the amount or characterization of your Claim as set out in your Claims Notice.

The particulars provided must support the value of the Claim as stated by you in item D or E, above.

[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 the Petitioner to the Creditor or asserted by the Creditor and estimated value of such security.]

6. Certification

I hereby certify that:

1. I am the Claimant or an authorized representative of the Claimant.
2. I have knowledge of all the circumstances connected with this Claim.
3. The Claimant asserts this Proof of Claim Form as set out above.
4. All available documentation in support of this Proof of Claim Form is attached.

All information submitted in this Proof of Claim Form must be true, accurate and complete. Filing a false Proof of Claim Form may result in your Claim being disallowed in whole or in part and may result in further penalties.

Signature: _____	Witness ¹ : _____
Name: _____	(signature)
Title: _____	_____
	(print)

Dated at _____ this _____ day of _____, 2024.

¹ Witnesses are required if an individual is submitting this Proof of Claim Form by prepaid ordinary mail, registered mail, courier, personal delivery, facsimile transmission, or email.

Your complete Proof of Claim Form must be delivered to the Petitioner's court-appointed Monitor by the Claims Bar Date or the Restructuring Claims Bar Date, as applicable, at:

FTI Consulting Canada Inc.
In its capacity as Monitor of
Inca One Gold Corp.

701 West Georgia Street
Suite 1450, PO Box 10089
Vancouver, BC V7Y 1B6
Attn: Tessa Chiricosta
Telephone: 1-877-294-8998
Fax: 403-232-6116
Email: incaone@fticonsulting.com

The Claims Bar Date is 4:00 p.m. (Vancouver time) on September 16, 2024 or such other date as may be ordered by the Court.

The Restructuring Claims Bar Date is the later of: (a) the Claims Bar Date; and (b) 4:00 p.m. on the day that is fifteen calendar days after the date that an applicable Notice of Disclaimer or Resiliation is sent to a Creditor, or such other date as may be ordered by the Court.

IN ACCORDANCE WITH THE TERMS OF THE CLAIMS PROCESS ORDER, IF YOU FAIL TO COMPLETE AND SUBMIT A PROOF OF CLAIM FORM BY THE CLAIMS BAR DATE OR THE RESTRUCTURING CLAIMS BAR DATE, AS APPLICABLE, EITHER (AS APPLICABLE):

A. YOU WILL BE DEEMED TO HAVE ACCEPTED THE CLAIM AMOUNT(S) SET FORTH IN THE NOTICE OF CLAIM YOU RECEIVED AND YOUR CLAIM FOR SUCH AMOUNT(S) WILL BE A PROVEN CLAIM AND ANY FURTHER CLAIMS AGAINST THE PETITIONER, WILL BE FOREVER BARRED AND EXTINGUISHED, AND YOU WILL BE PROHIBITED FROM MAKING OR ENFORCING ANY FURTHER CLAIMS AGAINST THE PETITIONER OR ITS DIRECTORS AND OFFICERS; OR

B. YOUR CLAIMS WILL BE FOREVER BARRED AND EXTINGUISHED, AND YOU WILL BE PROHIBITED FROM MAKING OR ENFORCING A CLAIM AGAINST THE PETITIONER OR ITS DIRECTORS AND OFFICERS