

IN THE MATTER OF A PLAN OF COMPROMISE AND ARRANGEMENT OF
INCA ONE GOLD CORP.

DIRECTOR/OFFICER CLAIM FORM

This Director/Officer 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 and the Claims Process Instruction Letter. Copies of the Claims Process Order and the Claims Process Instruction Letter are enclosed in the Claims Package you have received and are also 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.

This form is to be used only by Creditors asserting a Director/Officer Claim against any Director(s) or Officer(s) of Inca One Gold Corp. (the “Petitioner”) If you wish to assert a Claim against the Petitioner you have to submit a Proof of Claim Form, or, if you have received a Claims Notice, you have to complete a Proof of Claim Form in the Claims Package sent to you if you wish to dispute your Claim.

1. Name(s) and Position(s) and company of Officer(s) and/or Director(s) the Claim is being made against:

2A. Original Claimant (the “Claimant”)

Legal Name of Claimant:	_____	Name of Contact	_____
Address	_____	Title	_____
		Phone #	_____
		Fax #	_____
City	_____	Prov /State	_____
		Email	_____

Postal/Zip
Code _____

2B. Has all or part of the Director/Officer Claim been transferred by the Creditor to another party?

Yes:

No:

2C. Particulars of Transferee(s) (If any)

Please complete the following if all or a portion of the Director/Officer Claim has been transferred. Insert full legal name of the transferee(s) of the Director/Officer 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):	

3. Amount and Type of Director/Officer Claim

The Director(s) and/or Officer(s) listed below was/were and still is/are indebted to the Claimant as follows:

NAME(S) OF DIRECTOR(S) AND/OR OFFICER(S)	CLAIM AMOUNT

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4. Documentation

Provide all particulars of the Director/Officer Claim and all available supporting documentation, including amount and description of transaction(s) or agreement(s), and the legal basis for the Director/Officer Claim against the specific Directors or Officers at issue.

5. 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 Director/Officer Claim as set out above.
4. All available documentation in support of this Director/Officer Claim is attached.

All information submitted in this Director/Officer Claim Form must be true, accurate and complete. Filing a false Director/Officer Claim Form may result in your Director/Officer 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.	

Your completed Director/Officer Claims Form must be delivered to the Petitioner's Court-Appointed Monitor by the Claims Bar Date 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

¹ Witnesses are required if an individual is submitting this Director/Officer Claim form by prepaid ordinary mail, registered mail, courier, personal delivery, facsimile transmission, or email.

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.

IN ACCORDANCE WITH THE TERMS OF THE CLAIMS PROCESS ORDER, IF YOU FAIL TO COMPLETE AND SUBMIT A DIRECTOR/OFFICER CLAIMS FORM IN ACCORDANCE WITH THE CLAIMS PROCESS ORDER BY THE CLAIMS BAR DATE ANY DIRECTOR/OFFICER CLAIMS THAT YOU MAY HAVE AGAINST THE PETITIONER OR ITS DIRECTORS OR OFFICERS WILL BE FOREVER BARRED AND EXTINGUISHED, AND YOU WILL BE PROHIBITED FROM MAKING OR ENFORCING ANY FURTHER CLAIMS AGAINST THE PETITIONER OR ITS DIRECTORS OR OFFICERS.