

**IN THE SUPREME COURT OF NOVA SCOTIA
IN BANKRUPTCY**

**IN THE MATTER OF THE BANKRUPTCY OF
0984750 B.C. LTD. DBA QUADRIGA CX AND QUADRIGA COIN EXCHANGE**

**Example of an AFFECTED USER PROOF OF CLAIM
AS AT APRIL 15, 2019**

[PLEASE NOTE: that this document serves as an example of how an Affected User may fill out their Proof of Claim for a Completed Withdrawal. The information you include in your Proof of Claim will look different based on the information unique to your claim, including, but not limited to, your name and address, the amount of your claim, and priority claim. Items that are highlighted in this Proof of Claim document are filled in as information unique to the Affected User.]

Instructions

In order to have a valid Claim as an Affected User of 0984750 B.C. Ltd. dba Quadriga CX and Quadriga Coin Exchange (“**Quadriga**”), this Affected User Proof of Claim form must be properly completed and delivered to Ernst & Young Inc. in its capacity as the trustee in bankruptcy of Quadriga (the “**Trustee**”) prior to 5:00 p.m. (Halifax time) on August 31, 2019 (the “**Claims Submission Date**”).

These instructions are provided to assist you in preparing the Affected User Proof of Claim form in a complete and accurate manner. **DO NOT LEAVE ANY SECTIONS OF THE FORM BLANK.**

General

You must ensure that you include your complete name, address, telephone number and Quadriga account number on the Affected User Proof of Claim form.

The Affected User Proof of Claim form must be dated, signed personally by the individual completing it, and witnessed. The Affected User Proof of Claim form is incomplete UNLESS it has been signed and witnessed.

If the individual completing the Affected User Proof of Claim form is not the Affected User himself/herself, but is completing on behalf of a corporation, he/she must state his/her position or title.

Particulars of Affected User

Full Legal Name: **John Doe** (*full legal name*); **John** (*named used on Quadriga Account*) **[NOTE: If the name you used on your Quadriga Account is different than your full legal name (for example, if your name is Matthew but you used Matt), include both on your Affected User Proof of Claim]**

Full Mailing Address / Address Registered with Quadriga:

[INSERT ADDRESS] (Quadriga Address)

[INSERT ADDRESS (if different from above)] (Current Mailing Address)

Quadriga Account Number: **.....**

Telephone Number Registered with Quadriga: **XXX-XXX-XXXX**

E-mail Address Registered with Quadriga: **johndoe@XX.com**

Attention (Contact Person): **John Doe [NOTE: Include the name of the person to whom correspondence from the Trustee regarding the claim should be addressed. This name should likely be either your name or your representative's name. DO NOT put Representative Counsel]**

Note: *You may be asked to provide additional information to verify your identity.*

A. Proof of Claim

I, **John Doe** [name of Affected User or Representative of Affected User], of **Toronto, ON** (City, Province) do hereby certify:

(a) that I [*check one*]

am the Affected User of Quadriga; OR

am _____ (*state position or title*) of
_____ (*name of Affected User*)

(b) that I have knowledge of all of the circumstances connected with the Claim referred to below;

(c) the Claimant asserts its claim against Quadriga as at April 15, 2019:
(*insert crypto currency quantities in all applicable boxes or fiat in source currency*)

[NOTE: if the Affected User Proof of Claim has two columns in the table below, pick one column to input the numbers]

Bitcoin - units	6
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Bitcoin Cash SV - units	NIL
Bitcoin Cash - units	NIL
Bitcoin Gold - units	NIL
Litecoin - units	20.46
Ethereum - units	NIL
CDN\$	\$10,000
US\$	NIL

Note: Affected Users can review their Quadriga account balance as recorded in Quadriga's books and records as at April 15, 2019 through the following web site <https://userbalance.quadrigacxtrustee.com/> which may assist the Affected Users in filling out this proof of claim. If you disagree with the balance recorded within Quadriga's books and records, you may fill in different amounts and submit supporting documentation setting out the particulars of the discrepancies.

In respect of the said claim, the Claimant asserts as follows:

(check appropriate description)

I claim a right to a priority *(Set out on an attached schedule details to support the priority claim).*

I do not claim a right to a priority. **[NOTE: Please review our Guides (<https://www.millerthomson.com/wp-content/uploads/2019/07/Guide-to-Filling-Out-a-Proof-of-Claim.pdf>) to understand Priority Claims. The standard type of claim of an Affected User, in Representative Counsel's view, does not have priority.]**

B. Particulars of Claim:

The Particulars of the undersigned's total Claim are set out in the attached Schedule "A". Please note that Schedule "A" support materials **are not required** if your claim submission matches the Quadriga books and records amounts reported at <https://userbalance.quadrigacxtrustee.com/>. However, Affected Users **must file a proof of claim** with the Trustee to be eligible to receive a distribution from the Estate. **[NOTE: You can view a Sample Schedule "A" here: https://www.millerthomson.com/wp-content/uploads/2019/07/40809349_1_Mock-Schedule-A-.pdf]**

C. Filing of Affected User Proof of Claim

This Affected User Proof of Claim should be received by the Trustee no later than 5:00 p.m.

(Halifax time) on the Claims Submission Date by hand delivery, courier, fax **OR** email as follows:

(a) to the Trustee:

Ernst & Young Inc.
 Court-appointed Trustee of Quadriga
 Ernst & Young Tower
 100 Adelaide Street West
 Toronto, Ontario M5H 0B3
 Attn: Quadriga Trustee

Email: quadriga.trustee@ca.ey.com
 Fax: 416-864-1174

If you file your Affected User Proof of Claim as directed by the Claims Submission Date, the Trustee will review your claim and ensure you participate in any distributions made out of the estate of Quadriga to the extent of your valid accepted claim, if any. If you do not file your Affected User Proof of Claim by the Claim Submission Date, you may not be eligible to participate in the initial distribution to creditors.

I, **John Doe**, acknowledge that filing a false claim may be an offence under section 201 of the *Bankruptcy and Insolvency Act* that is punishable by fine and/or imprisonment of up to one year.

Dated at **Toronto, ON** (City, Province) this **2** day of **July**, 2019.

Name and address of Witness:

Jane Doe

1234 Unknown Street, Toronto, ON M5K 5G7

Witness Signature

[WITNESS SIGNS]

Print Name: **Jane Doe**

Name and Signature of Affected User

[SIGNATURE HERE]

Print Name: **John Doe**

[NOTE: If the Affected User Proof of Claim does not have a space to print your name, please print it below the signature line.]