



**PROOF OF CLAIM FORM**

**IN THE MATTER OF THE COMPANIES' CREDITORS  
 ARRANGEMENT ACT, RSC 1985, c C-36, AS AMENDED**

**AND IN THE MATTER OF THE COMPROMISE OR ARRANGEMENT OF DELTA 9 CANNABIS  
 INC., DELTA 9 LOGISTICS INC., DELTA 9 BIO-TECH INC., DELTA 9 LIFESTYLE CANNABIS  
 CLINIC INC. and DELTA 9 CANNABIS STORE INC.**

Regarding the claim of \_\_\_\_\_ (referred to in  
 this form as "**the Claimant**"). *(Name of Claimant)*

All notices or correspondence regarding this claim to be forwarded to the Claimant at the following  
 address:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Facsimile Number: \_\_\_\_\_

Attention (Contact Person): \_\_\_\_\_

Email Address: \_\_\_\_\_

*(Note – All future correspondence will be delivered to the designated email address unless the  
 Claimant specifically requests that hardcopies be provided)*

Please provide hardcopies of materials to the address above.

I, \_\_\_\_\_ (name of the Claimant or representative of the  
 Claimant), of \_\_\_\_\_ (City, Province or State) do hereby certify that:

(a) I am (select one):

the Claimant; or

I am \_\_\_\_\_ *(state position/title)* of the Claimant.

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

(c) I confirm that complete documentation in support of the Claim referred to below is attached; and

(d) The Applicants and/or one or more of the Directors or Officers of the Applicants were and still are  
 Indebted to the Claimant as follows:



**I. Pre-Filing Claim**

<b>Debtor</b>	<b>Currency</b>	<b>Claim Amount</b>	<b>Nature of Claim (Secured, Priority, or Unsecured)</b>	<b>Value of Security Held (if any)</b>
Delta 9 Cannabis Inc.	\$CAD			
Directors and Officers of Delta 9 Cannabis Inc. <i>(insert names of same)</i>	\$CAD			
Delta 9 Logistics Inc.	\$CAD			
Directors and Officers of Delta 9 Logistics Inc. <i>(insert names of same)</i>	\$CAD			
Delta 9 Bio-Tech Inc.	\$CAD			
Directors and Officers of Delta 9 Bio-Tech Inc. <i>(insert names of same)</i>	\$CAD			
Delta 9 Lifestyle Cannabis Clinic Inc.	\$CAD			
Directors and Officers of Delta 9 Lifestyle Cannabis Clinic Inc. <i>(insert names of same)</i>	\$CAD			
Delta 9 Cannabis Store Inc.	\$CAD			
Directors and Officers of Delta 9 Cannabis Store Inc. <i>(insert names of same)</i>	\$CAD			



**II. Restructuring Claim**

Debtor	Currency	Claim Amount	Nature of Claim (Secured, Priority, or Unsecured)	Value of Security Held (if any)
Delta 9 Cannabis Inc.	\$CAD			
Delta 9 Logistics Inc.	\$CAD			
Delta 9 Bio-Tech Inc.	\$CAD			
Delta 9 Lifestyle Cannabis Clinic Inc.	\$CAD			
Delta 9 Cannabis Store Inc.	\$CAD			

The particulars of the undersigned’s total Claim, in the sum of \$CAD \_\_\_\_\_ (*insert \$CAD value of total Claim*) are attached.

*(Please provide full particulars of the Claim and supporting documentation including amount, description of transaction(s) or agreement(s) or legal breach(es) giving rise to the Claim, name of any guarantor(s) which have guaranteed the Claim, particulars and copies of an security and amount of Claim allocated thereto, date and number of all invoices, particulars of all credits, discounts, etc. claimed. If a Claim is made against any Directors or Officers, specify the applicable Directors or Officers and the legal basis for the Claim against each of them. Any claim for interest must be supported by contractual documentation evidencing the entitlement to interest. Claims should not include the value of goods and/or services supplied or interest accrued after July 15, 2024).*

**FILING DEADLINES FOR CLAIM:**

For Pre-Filing Claims, this Proof of Claim must be received by the Applicants and the Monitor before 5:00 p.m. MST on August 17, 2024 (the “**Claims Bar Date**”).

For Restructuring Claims, this Proof of Claim must be received by the Applicants and the Monitor on or before the later of: (i) the Claims Bar Date, or 15 Business Days after the Monitor sends the Claims Package with respect to such Claim in accordance with paragraph 17 of the Claims Procedure Order.

Proofs of Claim MUST be submitted by prepaid registered mail, courier, personal delivery, or electronic or digital transmission addressed to the following address:

**To the Applicants:**

MLT AIKINS LLP  
 2100, 222 - 3<sup>rd</sup> Ave SW  
 Calgary, AB T2P 0B4  
 Attention: Ryan Zahara/Molly McIntosh  
 Email: rzahara@mltaikins.com  
 mmcintosh@mltaikins.com



**To the Monitor:**

ALVAREZ & MARSAL CANADA INC.  
Bow Valley Square 4  
Suite 1110, 250 6<sup>th</sup> Ave SW  
Calgary, AB T2P 3H7

Attention: Quinn Park  
Email: delta9@alvarezandmarsal.com

**With a copy to:**

BURNET, DUCKWORTH & PALMER LLP

Attention: David LeGeyt (dlegeyt@bdplaw.com)  
Ryan Algar (ralgar@bdplaw.com)  
Jenny Deyholos (jdeyholos@bdplaw.com)

Any such notice or communication delivered by a Claimant shall be deemed to be received upon actual receipt thereof before 5:00 p.m. MST on a Business Day or if delivered outside of normal business hours, the next Business Day.

**CLAIMS WHICH ARE NOT RECEIVED BY THE MONITOR BY THE APPLICABLE CLAIMS BAR DATE WILL BE FOREVER BARRED FROM MAKING OR ENFORCING ANY CLAIM AGAINST ANY OF THE APPLICANTS, THEIR DIRECTORS, OR THEIR OFFICERS.**

DATED this \_\_\_\_ day of \_\_\_\_\_, 2024.

\_\_\_\_\_  
Witness

Per: \_\_\_\_\_

Print name of Claimant:

\_\_\_\_\_  
*If Claimant is other than an individual, print name and title of authorized signatory*

Name: \_\_\_\_\_

Title: \_\_\_\_\_