

SCHEDULE "E"

IN THE MATTER OF THE RECEIVERSHIP OF ECOASIS DEVELOPMENTS LLP AND OTHERS

PROOF OF CLAIM

ALL CAPITALIZED TERMS NOT OTHERWISE DEFINED HEREIN HAVE THE MEANINGS GIVEN TO THEM IN THE INSTRUCTION LETTER, INCLUDING APPENDIX "A" THERETO.

YOU ONLY NEED TO COMPLETE THIS PROOF OF CLAIM IF:

(A) YOU DO NOT AGREE WITH THE AMOUNT, SECURED STATUS OR PRIORITY OF YOUR CLAIM AS SET FORTH IN THE CLAIMS NOTICE SENT TO YOU;

(B) YOU WISH TO ASSERT A DIRECTOR/OFFICER CLAIM;

(C) YOU WISH TO ASSERT AN INTERCOMPANY/AFFILIATE CLAIM;

(D) YOU WISH TO ASSERT A RESTRUCTURING CLAIM; OR

(E) YOU HAVE NOT RECEIVED A CLAIMS NOTICE AND WISH TO ASSERT A CLAIM AGAINST ECOASIS OR AN ECOASIS ENTITY.

Please read the Instruction Letter carefully prior to completing this Proof of Claim.

Please review the Claims Process Order, which is posted to the Receiver's Website at: alvarezandmarsal.com/ecoasisdevelopments.

1. Particulars of Claim

(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:	
Full Mailing Address:	
Telephone Number:	
Facsimile Number:	
Email address:	
Attention (Contact Person):	

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

Yes: ☐

No: ☐

(c) Please specify if all or part of the Claim is the following:

A Director/Officer Claim: ☐

An Intercompany/Affiliate Claim: ☐

A Restructuring Claim: ☐

2. 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.

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

3. Proof of Claim

I, _____ (name), of _____
(City and Province, State or Territory) 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 against¹
_____ as follows:

¹ Note: A separate entry must be included for each Ecoasis Entity with respect to which a Creditor wishes to assert a claim.

CLAIM (as at² _____):

\$ _____ (*insert amount of Claim*)

DIRECTOR/OFFICER CLAIM:

\$ _____ (*insert amount of Director/Officer Claim*);

INTERCOMPANY/AFFILIATE CLAIM:

\$ _____ (*insert amount of Intercompany/Affiliate Claim*);

RESTRUCTURING CLAIM:

\$ _____ (*insert amount of Restructuring Claim*);

TOTAL CLAIM(S) \$ _____

4. Nature of Claim

(Check and complete appropriate category)

☐ A. UNSECURED CLAIM OF \$ _____, against each of the following Ecoasis Entity/Entities: _____. That in respect of this debt, no assets of such Ecoasis Entity/Entities are pledged or held as security.

☐ B. SECURED CLAIM OF \$ _____, against each of the following Ecoasis Entity/Entities: _____. That in respect of this debt, assets of each of the following Ecoasis Entity/Entities: _____ 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.)

² Note: Claims against all Ecoasis Entities except Resorts must be submitted as of September 18, 2024, and Claims against Resorts must be submitted as of July 10, 2025.

5. Particulars of Claims

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

(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 any Ecoasis Entity to the Creditor or asserted by the Creditor and estimated value of such security. Where a Claim is advanced against any Director or Officer, please explain the basis for such Claim, including, if applicable, reference to any relevant statutory or other authority.) As set out above, a separate entry must be included with respect to each Ecoasis Entity against which a Creditor wishes to make a claim.

6. Filing of Claims

This Proof of Claim **must be received by the Receiver by no later than 4:00 p.m. (Vancouver time) on the Claims Bar Date or the Restructuring Claims Bar Date, as applicable.**

IN ACCORDANCE WITH THE TERMS OF THE CLAIMS PROCESS ORDER:

(A) IF YOU HAVE RECEIVED A CLAIMS NOTICE AND FAIL TO FILE A PROOF OF CLAIM BY THE CLAIMS BAR DATE, YOU WILL BE DEEMED TO HAVE ACCEPTED THE CLAIM SET FORTH IN THE CLAIMS NOTICE AND SUCH CLAIM WILL BE A PROVEN CLAIM AND ANY SUCH FURTHER CLAIMS AGAINST ECOASIS OR ANY ECOASIS ENTITY OR THEIR DIRECTORS OR OFFICERS WILL BE FOREVER BARRED AND EXTINGUISHED, AND YOU WILL BE PROHIBITED FROM MAKING OR ENFORCING ANY SUCH FURTHER CLAIM AGAINST ECOASIS OR ANY ECOASIS ENTITY OR THEIR DIRECTORS AND OFFICERS; OR

(B) IF YOU HAVE NOT RECEIVED A CLAIMS NOTICE AND FAIL TO FILE A PROOF OF CLAIM BY THE CLAIMS BAR DATE OR THE RESTRUCTURING CLAIMS BAR DATE, AS APPLICABLE, YOUR CLAIMS WILL BE FOREVER BARRED AND EXTINGUISHED, AND YOU WILL BE PROHIBITED FROM MAKING OR ENFORCING A CLAIM AGAINST ECOASIS OR ANY ECOASIS ENTITY OR THEIR DIRECTORS AND OFFICERS.

This Proof of Claim must be delivered by prepaid registered mail, personal delivery, email, courier or facsimile transmission to the following address:

Alvarez & Marsal Canada Inc.

In its capacity as Receiver of Ecoasis Developments LLP *et al.*
Cathedral Place Building
925 West Georgia Street, Suite 902
Vancouver, BC, V6C 3L2

Attention: Nishant Virmani
Tel. No.: 604-639-0850
Email: nvirmani@alvarezandmarsal.com

DATED this _____ day of _____, 2026.

Witness:

Per: _____

Print name of Creditor:

*If Creditor is other than an individual, print name and
title of authorized signatory*

Name: _____

Title: _____