
PROOF OF CLAIM

**IN RESPECT NOVELION THERAPEUTICS INC.,
AND ITS DIRECTORS AND OFFICERS**

Capitalized terms used herein and not otherwise defined have the meanings given to them in the Claims Process Order granted by the Supreme Court of British Columbia on January 9, 2019, a copy of which can be found at: www.alvarezandmarsal.com/novelion.

1 PARTICULARS OF CLAIMANT

Full Legal Name of Claimant: _____ (the "Claimant")

(Full legal or corporate name should be the name of the original Claimant.)

Full Mailing Address of the Claimant:

Telephone Number of Claimant: _____ *

Facsimile Number of Claimant: _____ *

Attention (Contact Person): _____ *

Email Address: _____ *

Has the Claim been sold or assigned by Claimant to another party?

Yes___ No___ (If yes please complete section D)

2 PROOF OF CLAIM:

I, _____ [Name of Claimant or Representative of the Claimant] do hereby certify:

that I am (please check one):

_____ the Claimant; or

_____ hold the following position of _____ the Claimant

and have personal knowledge of all the circumstances connected with the Claim described herein.

3 **PARTICULARS OF CLAIM:**

Name of the specific party or parties against whom the Claim is being made and the amount of the Claim:

Amount	Currency
\$	
\$	
\$	
\$	

Description of transaction, agreement or event giving rise or relating to the Claim:

If the Claim is contingent or unliquidated, state the basis and provide evidence upon which the Claim has been valued:

IF CLAIMANTS REQUIRE ADDITIONAL SPACE, PLEASE ATTACH A SCHEDULE HERETO. CLAIMANTS SHOULD PROVIDE PARTICULARS OF THE CLAIM AND COPIES OF ALL SUPPORTING DOCUMENTATION, INCLUDING AMOUNT AND DESCRIPTION OF TRANSACTION(S), AGREEMENT(S) OR LEGAL BREACH(ES) GIVING RISE TO THE CLAIM.

4 PARTICULARS OF ASSIGNEE(S) (IF ANY):

Full Legal Name of Assignee(s) of the Claim (if all or a portion of the Claim has been sold). If there is more than one assignee, please attach separate sheets with the following information:

(the "Assignee(s)")

Amount of Total Claim Assigned	\$ _____
Amount of Total Claim Not Assigned	\$ _____
Total Amount of Claim (should equal "Total Claim" as entered in Section B)	\$ _____

Full Mailing Address of Assignee(s):

Telephone Number of Assignee(s): _____

Facsimile Number of Assignee(s): _____

Email Address of Assignee(s): _____

Attention (Contact Person): _____

FILING OF CLAIMS:

The duly completed Proof of Claim together with supporting documentation must be returned and received by the Liquidator, no later than 5:00 pm local Vancouver time on ●, 2020, to the email address or address listed below.

Failure to file your Proof of Claim by such date will result in your claim **being forever extinguished and barred** and you will be prohibited from making or enforcing a Claim against Novelion or the Directors or Officers.

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

Address of the Liquidator:

Alvarez & Marsal Canada Inc., as Liquidator of Novelion Therapeutics Inc.
Commerce Place
400 Burrard Street, Suite 1680
Vancouver, BC V6C 3A6

Attention: Nishant Virmani
Fax: 604-638-7441
Email: nvirmani@alvarezandmarsal.com

DATED at _____ this _____ day of _____, 2020.

(Signature of Witness)

(Signature of individual completing this form)

(Please print name)

(Please print name)