

SCHEDULE "D"

PROOF OF CLAIM

PROOF OF CLAIM RELATING TO FUNDS OBTAINED BY THE ONTARIO SECURITIES COMMISSION IN THE MATTER OF THE SETTLEMENT AGREEMENT BETWEEN THE ONTARIO SECURITIES COMMISSION AND GITC (defined below)

This form must be completed by any investor ("Investor") in GITC Investments & Trading Canada Ltd. carrying on business as GITC Investments and Trading Canada Inc. and GITC and GITC Inc. (collectively "GITC") who wishes to receive a money from the funds recovered from contravention of Ontario securities law.

1. CONTACT INFORMATION OF INVESTOR

- (a) Full Legal Name: _____
- (b) Full Mailing Address: _____
- (c) Telephone Number: _____
- (d) Facsimile Number: _____
- (e) E-mail Address: _____
- (f) Attention (Contact Person): _____
- (g) Have you sold or assigned your claim to another party or are you acting on behalf of an Investor ☐ Yes ☐ No
- _____

2. CLAIM ASSIGNMENT

This section needs to be completed only if the answer to 1 g) above was "Yes"

- (a) Full Legal Name of Assignee(s), Estate Representative, Guardian, or Power of Attorney or Nominee (If there is more than one assignee, estate representative, guardian, power of attorney or nominee please attach a separate sheet with the required information) _____
- (b) Full Mailing Address: _____
- (c) Telephone Number: _____
- (d) Facsimile Number: _____
- (e) E-mail Address: _____
- (f) Other Important Contact Information _____

PROOF OF CLAIM

I, _____
[name of Investor or Representative of the Investor]
Of _____ do hereby certify that:

[City or Province]

(a) I [pick one]

☐ am an Investor; OR

☐ am _____ (state position or title) of
_____ (name of Investor)

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

(c) I [check one]

☐ am NOT in any way related to GITC or Amal Tawfiq Asfour

☐ am related to the above noted parties
_____ (state the person related to)
(state the relationship);

(d) I invested a total of:

\$ _____ Canadian Dollars in GITC

(If other than Canadian Dollars, please specify currency, e.g. \$USD. The Receiver will convert claims in a foreign currency to Canadian Dollars at the Bank of Canada noon spot rate as at the date of the Receiver's appointment, December 17, 2019.

PARTICULARS OF CLAIM:

In addition to the information stated above on this form, please attach any additional details of your Claim, including any documents you rely on to support your Claim, as a schedule to this document. The documents may include: statements of account; copies of cancelled cheques or money orders; wire confirmations; bank statements; receipts; invoices; or screenshots.

The chart immediately below may assist with preparation of your Claim:

Date	Method of Payment	Who Was Payment Made To	Nature of Investment	Amount of Payment

4. FILING PROOF OF CLAIM WITH RECEIVER

This Proof of Claim must be delivered to the Receiver no later than 5:00 p.m.

(Eastern Time) on April 15, 2020,

by email to GITC@ca.gt.com,

-or-

by ordinary mail, courier, personal delivery, or fax at the following address:

Grant Thornton Limited
11th Floor
200 King Street West
Toronto, ON, M5H 3T4
Canada
Attn: Jason Kanji

Failure to file a Proof of Claim on or before April 15, 2020 will result in any Claim being barred and the Investor being prevented from making or enforcing a Claim to the Proceeds. Failure to file a Proof of Claim by April 15, 2020 will also disentitle a person to any further notice or the right to participate as an Investor in these proceedings.

5. EXCLUDED CLAIMS

Claims by Investors who are Respondents to the Commission Proceeding or individuals related to the Respondents to the Commission Proceeding will be excluded from consideration. Please consult the Receivership and Claims Process Order (posted at www.GrantThornton.ca/GITC) for further details relating to Excluded Claims.

Dated _____

Signature: _____

Witness Signature _____

Name: _____

Title: _____