

# ASIA PACKAGING GROUP INC. CLASS ACTION

## CLAIM FORM

**TO BE ELIGIBLE FOR COMPENSATION YOUR COMPLETED CLAIM FORM TOGETHER WITH SUPPORTING DOCUMENTATION MUST BE MAILED TO THE CLAIMS ADMINISTRATOR NO LATER THAN March 11, 2019.**

### INSTRUCTIONS FOR CLAIM FORM

1. If you purchased or otherwise acquired APX Securities, whether in a primary offering or in the secondary market, during the time period of April 26, 2011 to and including November 6, 2013, and you are not an Opt-Out Party, a named Defendant in Court of Queen's Bench Action No. 1401-04522 (i.e., Asia Packaging Group Inc., Robert Wilson, Brian Birmingham, Jin Kuang, Michael E.D. Raymont, George Dorin, and Manning Elliott LLP), or an "Excluded Person" as defined in that lawsuit, you are eligible to submit a Claim Form.
2. You must fill out each section of the Claim Form in its entirety.
3. You must provide all of the required documentation stipulated in the Claim Form.
4. Claim Forms must be sent by mail to the Claims Administrator postmarked no later than March 11, 2019. The Claims Administrator's address is:

Asia Packaging Group Inc. Class Action  
c/o RicePoint Administration Inc.  
P.O. Box 4454, Toronto Station A  
25 The Esplanade, Toronto ON  
M5W 4B1
5. Claims Forms which are postmarked after March 11, 2019 may be rejected by the Claims Administrator.
6. The Claims Administrator may be reached by telephone at 1-866-432-5534 or by email at [asiapackaging@ricepoint.com](mailto:asiapackaging@ricepoint.com).



Official  
Office  
Use  
Only

**Asia Packaging Group Inc. Class Action**

Court of Queen's Bench of Alberta

Court File No. 1401-04522

**CLAIM FORM**

Please Type or Print in the Boxes Below  
Do NOT use Red Ink, Pencil, or Staples

**Must Be  
Postmarked  
No Later Than  
March 11, 2019**

**ASQ**

**PART I: CLAIMANT IDENTIFICATION**

Last Name

M.I.

First Name

Last Name (Co-Beneficial Owner)

M.I.

First Name (Co-Beneficial Owner)

RRSP     RRIF     RESP     Trust     Pension     IRA     Other \_\_\_\_\_  
(specify)

Company Name (Beneficial Owner - If Claimant is not an Individual) or Custodian Name if an IRA

Filer Name, If Different from Beneficial Owner Listed Above

Capacity of the Filer, if Not Beneficial Owner

Account#/Fund# (Not Necessary for Individual Filers)

Social Insurance Number/ Social Security Number/Unique Tax Identifier

Telephone Number (Primary)

Telephone Number (Alternate)

Email Address

**MAILING INFORMATION**

Address

Address

City

Province

Postal Code

Foreign Province

Foreign Postal Code

Foreign Country Name/Abbreviation

FOR CLAIMS  
PROCESSING  
ONLY

OB

CB

ATP  
 KE  
 ICI

BE  
 DR  
 EM

FL  
 ME  
 ND

OP  
 RE  
 SH

MM / DD / YYYY

FOR CLAIMS  
PROCESSING  
ONLY



**PART II. SCHEDULE OF TRANSACTIONS IN ASIA PACKAGING GROUP INC.**

**Traded in Canadian Dollars (CAD)**

This Claim Form is directed to the following Class or Class Members: All persons who purchased or otherwise acquired APX Securities (TSX-V: APX), whether in a primary offering or in the secondary market, from and including April 26, 2011 to and including November 6, 2013, other than Excluded Persons and Opt-Out Parties.

A. Securities in Canadian Dollars purchased or acquired between April 26, 2011 - November 6, 2013, inclusive:

<b>PURCHASES</b>						<b>Total Purchase Price (Canadian \$) Including Commissions Please round off to the nearest whole dollar</b>	<b>Proof of Purchase Enclosed?</b>
Trade Date(s) (List Chronologically)		Number of Securities Purchased					
M	M	D	D	Y	Y		
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	C\$ <input type="text"/>	<input type="radio"/> Y <input type="radio"/> N
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	C\$ <input type="text"/>	<input type="radio"/> Y <input type="radio"/> N
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	C\$ <input type="text"/>	<input type="radio"/> Y <input type="radio"/> N
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	C\$ <input type="text"/>	<input type="radio"/> Y <input type="radio"/> N

B. Securities in Canadian Dollars sold between April 26, 2011 and November 6, 2013, inclusive:

<b>SALES</b>						<b>Total Sales Price (Canadian \$) Including Commissions Please round off to the nearest whole dollar</b>	<b>Proof of Sales Enclosed?</b>
Trade Date(s) (List Chronologically)		Number of Securities Sold					
M	M	D	D	Y	Y		
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	C\$ <input type="text"/>	<input type="radio"/> Y <input type="radio"/> N
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	C\$ <input type="text"/>	<input type="radio"/> Y <input type="radio"/> N
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	C\$ <input type="text"/>	<input type="radio"/> Y <input type="radio"/> N
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	C\$ <input type="text"/>	<input type="radio"/> Y <input type="radio"/> N

C. Number of securities held when trading was halted on November 6, 2013: Proof Enclosed?

Y /  N

If you require additional space, attach extra schedules in the same format as above. Sign and print your name on each additional page.  
 YOU MUST READ AND SIGN THE DECLARATION ON PAGE 4. FAILURE TO SIGN THE DECLARATION  
 MAY RESULT IN A DELAY IN PROCESSING OR THE REJECTION OF YOUR CLAIM.



**PART III. REQUIRED DOCUMENTATION**

I hereby enclose the following documents in support of my claim:

- Copy of my official identification document (driver’s license or passport)

**PART IV. DECLARATION**

I declare that I have read and understand the contents of this Claim Form, the Disclaimer and Instructions. I declare under penalty of perjury that the statement I have made in this Claim Form is true, correct and complete to the best of my knowledge, information and belief.

Executed this \_\_\_\_\_ day of \_\_\_\_\_ in \_\_\_\_\_  
(Month/Year) (City/State/Province/Country)

\_\_\_\_\_  
(Sign your name here)

\_\_\_\_\_  
(Sign your name here)

\_\_\_\_\_  
(Type or print your name here)

\_\_\_\_\_  
(Type or print your name here)

\_\_\_\_\_  
(Capacity of person(s) signing, e.g., Beneficial Purchaser, Executor or Administrator)

\_\_\_\_\_  
(Capacity of person(s) signing, e.g., Beneficial Purchaser, Executor or Administrator)

Proof of Authority to File enclosed (not necessary if beneficial owner):  Yes  No

Proof of Authority to File enclosed (not necessary if beneficial owner):  Yes  No

**ACCURATE CLAIMS PROCESSING TAKES A SIGNIFICANT AMOUNT OF TIME.  
THANK YOU FOR YOUR PATIENCE.**

Reminder Checklist:

- 1. Please sign the above declaration.
- 2. Remember to attach supporting documentation, if available.
- 3. Do not send original share certificates; we may not be able to send them back.
- 4. Keep a copy of your Claim Form and all supporting documentation for your records.
- 5. The Claims Administrator will acknowledge receipt of your Claim Form by mail or email within 45 days. Your Claim Form is not deemed fully filed until you receive an acknowledgment postcard. If you do not receive an acknowledgment postcard within 45 days, please call the Claims Administrator toll free at 1-866-432-5534.
- 6. If you move, you are required to send the Claims Administrator your new address. Failure to notify the Claims Administrator of a new address may result in your settlement benefits not being received by you.

**Privacy Statement**

All information provided by the Claimant is collected, used, and retained by the Claims Administrator and Class Counsel pursuant to the Personal Information Protection and Electronic Documents Act (PIPEDA) for the purposes of administering the Settlements, including evaluating the Claimant’s eligibility status under the Settlement Agreement. The information provided by the Claimant is strictly private and confidential and will not be disclosed without the express written consent of the Claimant and an order of the Court.

“Class Counsel” is defined as Jensen Shawa Solomon Duguid Hawkes LLP of Calgary, Alberta. The “Claims Administrator” is defined as RicePoint Administration Inc. of London, Ontario.

**Note:** To preserve eligibility for benefits under the settlements, your completed application, together with the required documentation must be submitted to the Claims Administrator no later than **March 11, 2019**.

**Please mail this Form to the following address:**

Asia Packaging Group Inc. Class Action  
c/o RicePoint Administration Inc.  
P.O. Box 4454, Toronto Station A  
25 The Esplanade, Toronto, ON  
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