

**IN THE MATTER OF THE RECEIVERSHIP OF  
KAMI MINE LIMITED PARTNERSHIP, KAMI GENERAL PARTNER LIMITED, AND  
ALDERON IRON ORE CORP.  
of Vancouver in the Province of British Columbia**

**SHAREHOLDER PROOF OF CLAIM**

**PROOF OF CLAIM**

For Share Claims Arising Pursuant to the Shareholder Claims Procedure

Defined terms not defined in this Shareholder Proof of Claim shall have the meaning ascribed in the Claims Process Order, dated August 13, 2021.

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

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

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

Tel: \_\_\_\_\_ Email: \_\_\_\_\_

Fax: \_\_\_\_\_

I, \_\_\_\_\_ residing in the \_\_\_\_\_ of  
(name of person signing claim) (city, town, etc.)

\_\_\_\_\_ in the province of \_\_\_\_\_  
(name of city, town, etc.) (province or state)

Do hereby certify that:

I am the Shareholder or I am \_\_\_\_\_ of the Shareholder.  
(if an officer or employee of the company, state position or title)

I have knowledge of all the circumstances connected with the Share Claim referred to in this form.

The Shareholder was, as at the Record Date, and still is holding \_\_\_\_\_ Shares, as shown by the documentary evidence attached hereto and marked "**Schedule A**" in support of the Share Claim.

*Please provide full particulars of the Share Claim and supporting documentation, including share certificates, number of shares held, description of transaction(s) or agreements(s), records, etc. giving rise to the Share Claim.*

**THIS SHAREHOLDER PROOF OF CLAIM MUST BE RETURNED AND RECEIVED BY THE RECEIVER BY 5:00 P.M. (MOUNTAIN TIME) ON THE SHAREHOLDER CLAIMS BAR DATE AT THE FOLLOWING ADDRESS:**

Deloitte Restructuring Inc.  
Attn: Georgia Young  
Suite 700, 850 – 2nd Street SW  
Calgary, AB T2P 0R8  
Phone: 403-956-0365  
Email: [geyoung@deloitte.ca](mailto:geyoung@deloitte.ca)

**DATED** at \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 2021.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
(Signature of individual completing the form)

*Must be signed and witnessed*

# Schedule A

*Please provide full particulars of the Share Claim and supporting documentation, including share certificates, number of shares held, description of transaction(s) or agreements(s), records, etc. giving rise to the Share Claim.*