

**SCHEDULE "C"**

**PROOF OF CLAIM**

In the matter of the receivership of Siu Kon "Debbie" Wong ("**Wong**"), Siu Mui "Bonnie" Soo ("**Soo**"), Origin Business Park Inc., formerly known as Wheatland Industrial Park Inc. ("**Wheatland**"), 1300302 Alberta Inc. ("**1300302**"), and D & E Arctic Investments Inc. ("**D&E Arctic**"), and the claim of:

Claimant name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_

Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

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

Mailing address (if different than above):

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

I, \_\_\_\_\_ (*name of Claimant or name of representative*), of \_\_\_\_\_ (*city, province, country*), do hereby certify:

1. I have reviewed the documents and information contained on the website at <https://mnpdebt.ca/en/corporate/corporate-engagements/siu-mui-debbie-wong-siu-kon-bonnie-soo-origin-business-park-inc> and wish to make a claim.
2. That:
  - I am the Claimant; or
  - I am the \_\_\_\_\_ (*position or title*) of the Claimant; and
  - I confirm that the Claimant is not a Related Person, as defined in the Claims Process Order.
3. That I have the knowledge of all the circumstances connected with the claim referred to in this form, and am authorized by the Claimant to submit this claim.

4. That I am making a claim as an investor, whether by way of purchasing a joint venture unit or otherwise, in the Wheatland Joint Venture, the Rocky View #1 Joint Venture, or the Rocky View #2 Joint Venture, as each of those terms are defined in the Claims Process Order granted by the Supreme Court of British Columbia on May 31, 2023.
5. My claim is as an investor, limited partner, or shareholder in (*select one*):
  - Wheatland Joint Venture;
  - Rocky View #1 Joint Venture; or
  - Rocky View #2 Joint Venture.
6. Please detail all amounts paid by the Claimant in respect of any of the Wheatland Joint Venture, the Rocky View #1 Joint Venture, or the Rocky View #2 Joint Venture:

Date	Method of payment	Who payment was made to	Reason for payment	Amount of Funds Received
				\$
				\$
				\$
				\$

7. Please detail all amounts received by or on behalf of the Claimant in respect of any of the Wheatland Joint Venture, the Rocky View #1 Joint Venture, or the Rocky View #2 Joint Venture:

Date	Method of payment	Who payment was made by	Amount of Funds Received
			\$
			\$
			\$
			\$

All amounts received by, or on behalf of the Claimant, must be set out above without regard to whether any portion of the amounts received were characterized as interest, dividends, redemptions, or profits.

8. Attach as **Schedule "A"** to this Proof of Claim all supporting documents which is evidence of your claim (may include a statement of account, copies of cancelled cheques

or money orders, wire confirmations, bank statements, receipts, invoices, screenshots, etc.)

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 202\_\_.

**DECLARATION:**

I confirm that the information submitted in and with this Proof of Claim is true and accurate in every respect and is being provided to the Receiver as if made under oath or solemn declaration.

Signature of Claimant or Authorized Representative

\_\_\_\_\_  
Name:  
Position:

\_\_\_\_\_  
Witness  
Witness Name:  
Address: