Form 45-106F1 Report of Exempt Distribution

BCSC EDER Reference Number 8869657

ITEM 1 - REPORT TYPE											
✓ New report											
Amended report If amended, provide filing date of report that is being amended (YYYY-MM-DD)											
ITEM 2 - PARTY CERTIFYING THE REPORT											
Indicate the party certifying the report (select only one). For guidance regarding whether an issuer is an investment fund, refer to section 1.1 of National Instrument 81-106 Investment Fund Continuous Disclosure and the companion policy to NI 81-106.											
Investment fund issuer											
✓ Issuer (other than an inves	tment fund)										
Underwriter	unoni rana)										
_											
ITEM 3 - ISSUER NAME AND OT											
Provide the following information about th		vestment fund, about the f	ınd.								
Full legal name	Triumph Gold Corp.										
Previous full legal name											
If the issuer's name changed in the	e last 12 months, provide most	recent previous legal name									
Website	www.triumphgoldcorp.c	com (if app	olicable)								
If the issuer has a legal entity identifier, pro	ovide below. Refer to Part B of t	he Instructions for the defi	nition of "legal entity ident	ifier".							
Legal entity identifier											
If two or more issuers distributed a single s	ecurity, provide the full legal no	ame(s) of the co-issuer(s) or	her than the issuer named	above.							
Full legal name(s) of co-issuer(s)		(if app	olicable)								
ITEM A. HANDEDWEITED INFORM	MATION										
ITEM 4 - UNDERWRITER INFORM											
If an underwriter is completing the report,	provide the underwriter's full le	gal name and firm NRD nu	ımber.								
Full legal name											
Firm NRD number		(if applicable)								
If the underwriter does not have a firm NR	D number, provide the head off	ice contact information of	he underwriter.								
Street address											
Municipality		Province/S	tate								
Country		Postal code/Zip o	ode								
Telephone number		Web	osite	(if applicable)							

ITEM 5 - ISSUER INFORMATION
If the issuer is an investment fund, do not complete Item 5. Proceed to Item 6.
a) Primary industry
Provide the issuer's North American Industry Classification Standard (NAICS) code (6 digits only) that in your reasonable judgment most closely corresponds to the issuer's primary business activity.
NAICS industry code 2 1 2 2 9 9
If the issuer is in the mining industry , indicate the stage of operations. This does not apply to issuers that provide services to issuers operating in the mining industry. Select the category that best describes the issuer's stage of operations.
✓ Exploration
Is the issuer's primary business to invest all or substantially all of its assets in any of the following? If yes, select all that apply.
 Mortgages ☐ Real estate ☐ Commercial/business debt ☐ Consumer debt ☐ Private companies
☐ Cryptoassets
b) Number of employees
Number of employees:
c) SEDAR profile number
Does the issuer have a SEDAR profile?
No ✓ Yes If yes, provide SEDAR profile number 0 0 0 2 3 8 9 2
If the issuer does not have SEDAR profile complete item 5(d) - (h).
d) Head office address
Street address Province/State
Municipality Postal code/Zip code
Country Telephone number
e) Date of formation and financial year-end
Date of formation Financial year-end MM DD
f) Reporting issuer status
Is the issuer a reporting issuer in any jurisdication of Canada? No Yes
If yes, select the jurisdictions of Canada in which the issuer is a reporting issuer.
AII AB BC MB NB NL NT
NS NU ON PE QC SK YT
g) Public listing status
If the issuer has a CUSIP number, provide below (first 6 digits only)
CUSIP number
If the issuer is publicly listed, provide the name of the exchange on which the issuer's equity securities primarily trade. Provide only the name of an exchange and not a trading facility such as, for example, an automated trading system.
Exchange name
h) Size of issuer's assets

Select the size of the issuer's assets based on its most recently available annual financial statements (Canadian \$). If the issuer has not prepared annual financial statements for its first financial year, provide the size of the issuer's assets at the distribution end date.

☐ \$0 to under \$5M	☐ \$5M to under \$25M	☐ \$25M to under \$100M
\$100M to under \$500M	☐ \$500M to under \$1B	\$1B or over

ITEM 6 - INVESTMENT	FUND ISSUER INFORMATION						
If the issuer is an investment fund, provide the following information.							
a) Investment fund ma	anager information						
Full legal name							
Firm NRD number	(if applicable)						
If the investment fund mand	ager does not have a firm NRD number, provide the head office contact information of the investment fund manager.						
Street address							
Municipality	Province/State						
Country	Postal code/Zip code						
Telephone number	Website (if applicable)						
b) Type of investment	fund						
Type of investment fund tha	it most accurately identifies the issuer (select only one) .						
Money market	☐ Equity ☐ Fixed income ☐ Balanced						
Alternative strate	gies Cryptoasset Other (describe)						
Indicate whether one or bot	h of the following apply to the investment fund .						
Invests primarily in	n other investment fund issuers						
☐ Is a UCITs Fund¹							
	tive Investment of Transferable Securities funds (UCITs Funds) are investment funds regulated by the European Union of ollective investment schemes to operate throughout the EU on a passport basis on authorization from one member state.						
c) Date of formation a	nd financial year-end of the investment fund						
Date of forma	tion Financial year-end MM DD						
d) Reporting issuer st	atus of the investment fund						
Is the investment fund a rep	orting issuer in any jurisdication of Canada? No Yes						
If yes, select the jurisdictions	s of Canada in which the investment fund is a reporting issuer.						
AII	AB BC MB NB NL NT						
☐ NS ☐	NU ON PE QC SK T						
e) Public listing status	s of the investment fund						
If the investment fund has a	CUSIP number, provide below (first 6 digits only)						
	CUSIP number						
	blicly listed, provide the name of the exchange on which the investment fund's securities primarily trade. Provide only the oot a trading facility such as, for example, an automated trading system.						
Exchange on							
-	AV) of the investment fund						
	investment fund as of the date of the most recent NAV calculation (Canadian \$).						
\$0 to under \$5M	\$5M to under \$25M \$25M to under \$100M						
\$100M to under \$500	DM S500M to under \$1B S1B or over Date of NAV calculation:						
	YYYY MM DD						

ITEM 7 - INFORMATION ABOUT THE DISTRIBUTION

If an issuer located outside of Canada completes a distribution in a jurisdiction of Canada, include in Item 7 and Schedule 1 information about purchasers resident in that jurisdiction of Canada only. Do not include in Item 7 securities issued as payment of commissions or finder's fees in connection with the distribution, which must be disclosed in Item 8. The information provided in Item 7 must reconcile with the information provided in Schedule 1 of the report.

Jerre	date 1 of the report.										
a)	Currency										
	Select the currency or currencies in which the distribution was made. All dollar amounts provided in the report must be in Canadian dollars. Canadian dollar										
b)	Distribution date(s)										
as b	State the distribution start and end dates. If the report is being filed for securities distributed on only one distribution date, provide the distribution date as both the start and end dates. If the report is being filed for securities distributed on a continuous basis, include the start and end dates for the distribution period covered by the report.										
	Start date	2019	07	11	End date	2019	07	18			
		YYYY	ММ	DD	_	YYYY	MM	DD			

c) Detailed purchaser information

Complete Schedule 1 of this form for each purchaser and attach the schedule to the completed report.

d) Types of securities distributed

Provide the following information for all distributions reported on a per security basis. Refer to Part A(12) of the Instructions for how to indicate the security code. If providing the CUSIP number, indicate the full 9-digit CUSIP number assigned to the security being distributed.

						Canadian \$				
5	Security CUSIP number (if applicable)		CUSIP number (if applicable)	Description of security	Number of securities	Single or lowest price	Total amount			
L	В	s	665167	Units, each unit comprised of one common share and one-half of one warrant.	2,412,585.00	0.3500		844,405.00		
F	Т	U	665167	Units, each unit comprised of one flow-through common share and one-half of one warrant.	1,284,316.00	0.4900		629,315.00		

e) Details of rights and convertible/exchangeable securities

If any rights (e.g. warrants, options) were distributed, provide the exercise price and expiry date for each right. If any convertible/exchangeable securities were distributed, provide the conversion ratio and describe any other terms for each convertible/exchangeable security.

Convertible / exchangeable security code		hangeable		xchangeable		changeable		hangeable		changeable		changeable		Underlying security code																							se price adian \$)	Expiry date (YYYY- MM-DD)	Conversion ratio	Describe other items (if applicable)
						Lowest Highest																																		
W	N	Т	С	М	Ø	0.6000				Each whole warrant is exercisable into one common share of the Issuer for a period of 24 months from the date of issuance.																														
W	N	Т	С	М	S	0.6000				Each whole warrant is exercisable into one common share of the Issuer for a period of 24 months from the date of issuance.																														

f) Summary of the distribution by jurisdiction and exemption

State the total dollar amount of securities distributed and the number of purchasers for each jurisdiction of Canada and foreign jurisdiction where a purchaser resides and for each exemption relied on in Canada for that distribution. However, if an issuer located outside of Canada completes a distribution in a jurisdiction of Canada, include distributions to purchasers resident in that jurisdiction of Canada only.

This table requires a separate line item for: (i) each jurisdiction where a purchaser resides, (ii) each exemption relied on in the jurisdiction where a purchaser resides, if a purchaser resides in a jurisdiction of Canada, and (iii) each exemption relied on in Canada, if a purchaser resides in a foreign jurisdiction.

For jurisdictions within Canada, state the province or territory, otherwise state the country.

Province or country	Exemption relied on	Number of unique ²⁸ purchasers	Total amount (Canadian \$)				
British Columbia	NI 45-106 2.3 [Accredited investor]	11	316,520.00				
British Columbia	Investment dealer- exemption (BC, AB, SK, MB, NB)	2	270,250.00				
British Columbia	NI 45-106 2.5 [Family, friends and business associates]	1	25,900.00				
Québec	NI 45-106 2.3 [Accredited investor]	7	89,250.00				
Ontario	NI 45-106 2.3 [Accredited investor]	6	675,550.00				
United Kingdom	NI 45-106 2.3 [Accredited investor]	1	17,500.00				
United States	Distributions to purchasers outside of local jurisdiction (BC, AB, NB)	1	17,500.00				
Panama	NI 45-106 2.3 [Accredited investor]	1	14,000.00				
Alberta	NI 45-106 2.3 [Accredited investor]	1	47,250.00				
	1,473,720.00						
	Total number of unique purchasers ² 31						

^{2a} In calculating the number of unique purchasers per row, count each purchaser only once. Joint purchasers may be counted as one purchaser.

g) Net proceeds to the investment fund by jurisdiction

If the issuer is an investment fund, provide the net proceeds to the investment fund for each jurisdiction of Canada and foreign jurisdiction where a purchaser resides. If an issuer located outside of Canada completes a distribution in a jurisdiction of Canada, include net proceeds for that jurisdiction of Canada only. For jurisdictions within Canada, state the province or territory, otherwise state the country.

Province or country	Net proceeds (Canadian \$)
Total net proceeds to the investment fund	

³"Net proceeds" means the gross proceeds realized in the jurisdiction from the distributions for which the report is being filed, less the gross redemptions that occurred during the distribution period covered by the report.

h) Offering materials - This section applies only in Saskatchewan, Ontario, Québec, New Brunswick and Nova Scotia.

If a distribution has occurred in Saskatchewan, Ontario, Québec, New Brunswick or Nova Scotia, complete the table below by listing the offering materials that are required under the prospectus exemption relied on to be filed with or delivered to the securities regulatory authority or regulator in those jurisdictions.

In Ontario, if the offering materials listed in the table are required to be filed with or delivered to the Ontario Securities Commission (OSC), attach an electronic version of the offering materials that have not been previously filed with or delivered to the OSC.

Description	Date of document or other material (YYYY-MM-DD)	Previously filed with or delivered to regulator? (Y/N)	Date previously filed or delivered (YYYY-MM-DD)			

^{2b} In calculating the total number of unique purchasers to which the issuer distributed securities, count each purchaser only once, regardless of whether the issuer distributed multiple types of securities to, and relied on multiple exemptions for, that purchaser.

TEM 8 - COMPENSATION INFORMATION										
Provide information for each person (as defined in NI 45-106) to whom the issuer directly provides, or will provide, any compensation in connection with the distribution. Complete additional copies of this page if more than one person was, or will be, compensated.										
Indicate whether any compensation was paid, or will be paid, in connection with the distribution.										
No ✓ Yes If yes, indicate number of persons compensated. 6										

a) Name of person compe	nsated and regis	tration sta	atus									
Indicate whether the person compensated is a registrant. No No Yes												
If the person compensated is an individual, provide the name of the individual.												
Full legal name of individ	Full legal name of individual											
	ſ	9		First	given n	ame	· · · · · · · · · · · · · · · · · · ·	Sec	ondary giv	en name	s	
If the person compensated is not an individual, provide the following information.												
Full legal name o	f non-individual	Fieldhou	se Capita	l Manage	ment li	nc.						
Firm NRD number 2 8 9 5 0 (if applicable)												
Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal. V No Yes												
b) Business contact inform	nation											
If a firm NRD number is not prov	ided in Item 8 (a), p	rovide the	business co	ntact infor	mation	of the p	person b	being con	npensated.			
Street address												
Municipality						Р	rovince	e/State				
Country					Po	ostal c	ode/Zi	p code				
Email address						Telep	hone n	number				
c) Relationship to issuer o	r investment fund	d manage	er									
Indicate the person's relationship the Instructions and the meaning									ıning of "c	onnected	" in Part	B(2) of
Connect with the issue						-	-		ner than ar	n investm	ent func	l)
Director or officer of the	e investment fund o	or investme	ent fund ma	ınager		Zmplov	ee of th	e issuer	or investm	ent fund	manage	er
✓ None of the above					ш	1 -7						
d) Compensation details												
Provide details of all compensation Canadian dollars. Include cash coincidental to the distribution, such allocation arrangements with the	mmissions, securitie n as clerical, printing	es-based co g, legal or o	ompensatio accounting	n, gifts, dis services. A	counts c n issuer	or other is not r	r compe required	nsation. I to ask fo	Do not rep	ort paym	ents for s	services
Cash commissions paid	36,80)4.27					Security	code 1	Security of	code 2	Security of	code 3
Value of all securities distributed as compensation			5	Security co	des		W	I T				
Describe ter	rms of warrants, op	tions or ot	her rights						le at a pri			r
Other compensation ⁵	5		Describe									
Total compensation paid	36,80)4.27										
Check box if the pers	son will or may rece	eive any de	eferred com	pensation	(descri	be the	terms b	elow)				
⁴ Provide the aggregate value of all securities distributed as compensation, <u>excluding</u> options, warrants or other rights exercisable to acquire additional securities of the issuer. Indicate the security codes for all securities distributed as compensation, <u>including</u> options, warrants or other rights exercisable to acquire additional securities of the issuer. ⁵ Do not include deferred compensation.												

a) Name of person compensated	and registration status										
Indicate whether the person compensated	is a registrant.	□ No □	✓ Yes								
If the person compensated is an individua	l, provide the name of the indiv	idual.									
Full legal name of individual											
	Family name	First give	n name	Secondary given names							
If the person compensated is not an indiv	dual, provide the following info	rmation.									
Full legal name of non-ir	dividual Raymond James	Ltd.									
Firm NRD number 8 2 4 0 (if applicable)											
Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal. V No Yes											
b) Business contact information											
If a firm NRD number is not provided in I	em 8 (a), provide the business o	ontact information of th	he person being co	mpensated.							
Street address											
Municipality]	Province/State								
Country		Posta	al code/Zip code								
Email address		Tel	lephone number								
c) Relationship to issuer or invest	ment fund manager	_									
Indicate the person's relationship with the the Instructions and the meaning of "cont											
Connect with the issuer or inve		· · · · <u>—</u>		 ther than an investment fund)							
Director or officer of the investr	•	_	·	r or investment fund manager							
None of the above											
d) Compensation details Provide details of all compensation paid, of	u to be usid to the news widow	hified in Itams (Va) in som	anastian with the d	intuituutian Dravida all amagunta in							
Canadian dollars. Include cash commissio incidental to the distribution, such as cleri	ns, securities-based compensation	on, gifts, discounts or ot	ther compensation.	Do not report payments for services							
allocation arrangements with the director				. ,							
Cash commissions paid	6,247.50		Security code 1	Security code 2 Security code 3							
Value of all securities distributed as compensation ⁴		Security codes	W N T								
	arrants, options or other rights			le at a price of \$0.60 per share							
Other compensation ⁵	Describe	for a period of 24 r	months from the	date of issuance.							
Total compensation paid	6,247.50										
Check box if the person will o	r may receive any deferred co	mpensation (describe the	he terms below)								
		·									
4 Dravida the eggressts while of all and	vition distributed == ======	ion ovolvdios seties	warranta == =th = :	viahta avaraisabla tair-							
⁴ Provide the aggregate value of all secu- additional securities of the issuer. Indica	te the security codes for all sec	on, <u>excluding</u> options, l curities distributed as co	warrams or other i ompensation, <u>inclu</u>	ignis exercisable to acquire <u>iding</u> options, warrants or other							
rights exercisable to acquire additional s ⁵ Do not include deferred compensation.	ecunties of the Issuer.										

Indicate whether the person compensated is a registrant. If the person compensated is an individual, provide the name of the individual. Full legal name of individual Family name First given name If the person compensated is not an individual, provide the following information.			
Full legal name of individual Family name First given name If the person compensated is not an individual, provide the following information.			
Family name First given name If the person compensated is not an individual, provide the following information.			
If the person compensated is not an individual, provide the following information.			
		Secondary (given names
Full legal name of non-individual Kardia Consulting Group Ltd.			
Firm NRD number	(if applic	cable)	
Indicate whether the person compensated facilitated the distribution through a funding portal or an intern	— net-based po	ortal.	No Yes
b) Business contact information			
If a firm NRD number is not provided in Item 8 (a), provide the business contact information of the person	being comp	oensated.	
Street address 8327 Redrooffs Road			
Municipality Halfmoon Bay Province	ce/State	British Colum	bia
Country Canada Postal code/Z	ip code	V0N 1Y1	
Email address Telephone	number		
c) Relationship to issuer or investment fund manager			
Indicate the person's relationship with the issuer or investment fund manager (select all that apply). Refer the Instructions and the meaning of "control" in section 1.4 of NI 45-106 for the purposes of completing the		ning of "connecte	ed" in Part B(2) of
		er than an invest	ment fund)
	,		,
	ne issuer or	r investment fun	d manager
✓ None of the above			
d) Compensation details			
Provide details of all compensation paid, or to be paid, to the person identified in Item 8(a) in connection v Canadian dollars. Include cash commissions, securities-based compensation, gifts, discounts or other comp incidental to the distribution, such as clerical, printing, legal or accounting services. An issuer is not require allocation arrangements with the directors, officers or employees of a non-individual compensated by the	ensation. Do d to ask for a	o not report payı	ments for services
Cash commissions paid 4,392.48	y code 1	Security code 2	Security code 3
Value of all securities Security codes			
distributed as compensation ⁴	- L	· · · · ·	
Describe terms of warrants, options or other rights			
Other compensation ⁵ Describe			
Total compensation paid 4,392.48			
Check box if the person will or may receive any deferred compensation (describe the terms	below)		
⁴ Provide the aggregate value of all securities distributed as compensation, <u>excluding</u> options, warrants			
additional securities of the issuer. Indicate the security codes for all securities distributed as compensating the securities of the issuer. So not include deferred compensation.	ion, <u>includir</u>	n <u>u</u> opuons, warr	ants or other
Check box if the person will or may receive any deferred compensation (describe the terms		hts exercisable t	io acquire

a) Name of person compe	nsated and regis	stration status												
Indicate whether the person com	pensated is a regist	rant.		☐ No		√	Yes	6						
If the person compensated is an i	ndividual, provide t	the name of the	individ	dual.										
Full legal name of individ	dual													
		Family name			First	given i	name			Sec	condary	given n	ames	
If the person compensated is not	an individual, prov	ide the following	infori	mation.										
Full legal name o	f non-individual	Hampton Sec	uritie	s Limited	t									
Fir	m NRD number	2 8	9	0					(if appli	cable)				
Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal. V No Yes														
b) Business contact information														
If a firm NRD number is not prov	ided in Item 8 (a), p	provide the busin	ess co	ntact info	rmation	of the	perso	n bei	ng com	pensated.	•			
Street address														
Municipality						F	Provi	nce/S	State					
Country					Р	ostal	code	/Zip d	code					
Email address						Tele	phon	e nur	mber					
c) Relationship to issuer or investment fund manager														
Indicate the person's relationship the Instructions and the meaning				-						ning of "c	connect	ed" in I	Part I	B(2) of
Connect with the issue			,			-	_			er than a	n inves	tment t	fund)	
Director or officer of the	e investment fund o	or investment fu	nd ma	ınager		Emplo	vee o	f the i	ssuer c	or investm	nent fur	nd man	ager	
✓ None of the above				J		•	•						Ü	
d) Compensation details														
Provide details of all compensation Canadian dollars. Include cash continuing incidental to the distribution, such allocation arrangements with the	mmissions, securition as clerical, printing	es-based comper g, legal or accou	nsatio nting	n, gifts, dis services. A	counts on issuer	or othe is not	er com requi	penso red to	ation. D ask for	o not rep	ort pay	ments	for se	ervices
Cash commissions paid	7:	35.00					Secu	rity co	de 1	Security	code 2	Secu	rity co	ode 3
Value of all securities distributed as compensation			S	Security co	odes		W	N	Т					
Describe ter	rms of warrants, op	otions or other ri	ghts	2, 100 f for a pe									er sh	nare
Other compensation ⁵	5	Desc	ribe	Ισιαρο				11011		410 01 10				
Total compensation paid	73	35.00												
Check box if the pers										hts exerc	cisable	to acai	uire	
additional securities of the issue rights exercisable to acquire add ⁵ Do not include deferred compet	r. Indicate the secu ditional securities o	urity codes for all												er

a) Name of person comper	nsated and regis	tration s	tatus										
Indicate whether the person comp	ensated is a regist	rant.		☐ No		\checkmark	Yes						
If the person compensated is an ir	ndividual, provide t	he name (of the individ	lual.									
Full legal name of individ	ual												
		Family nam	ne		First	given n	name		S	econdary	given na	ames	
If the person compensated is not an individual, provide the following information.													
Full legal name of	non-individual	Mackie	Research	Capital C	orpora	tion							
Firm NRD number 3 0 7 0 (if applicable)													
Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal. V No Yes													
b) Business contact information													
If a firm NRD number is not provi	ded in Item 8 (a), p	provide the	e business co	ntact info	rmation	of the	person	being co	mpensate	d.			
Street address													
Municipality						Р	rovino	e/State					
Country					Р	ostal c	code/Z	ip code					
Email address						Telep	hone	number					
c) Relationship to issuer or	investment fund	d manag	er										
Indicate the person's relationship the Instructions and the meaning										"connec	ted" in F	Part B	(2) of
Connect with the issuer				,c pa.p			_		ther than	an inve	stment f	iund)	
Director or officer of the	investment fund o	or investm	ent fund ma	nager		Employ	ee of t	he issuer	r or invest	ment fu	ınd man	ager	
None of the above				Ü		. ,						Ü	
d) Compensation details													
Provide details of all compensation Canadian dollars. Include cash cor incidental to the distribution, such allocation arrangements with the d	nmissions, securitions can as clerical, printing	es-based c g, legal or	compensation accounting	n, gifts, dis services. A	counts o n issuer	or othei is not i	r comp require	ensation. d to ask f	Do not re	port pa	yments ;	for se	rvices
Cash commissions paid	3,60	03.95					Securit	y code 1	Security	/ code 2	Secu	rity co	de 3
Value of all securities distributed as compensation ⁴			S	Security co	des		W	N T					
Describe ten	ms of warrants, op	otions or o	ther rights	10,297 for a pe					le at a pr			er sh	nare
Other compensation ⁵			Describe										
Total compensation paid	3,60	03.95											
Check box if the person	on will or may rece	eive any d	leferred com	pensation	(descri	be the	terms	below)					
⁴ Provide the aggregate value of a additional securities of the issuer rights exercisable to acquire add ⁵ Do not include deferred compensations.	r. Indicate the secu itional securities o	ırity codes	s for all secu	n, <u>excludi</u> urities distr	<u>ng</u> optio ibuted a	ons, wa as com	arrants pensat	or other i ion, <u>inclu</u>	rights exe uding option	rcisable ons, wa	to acqu rrants o	uire r othe	er

a) Name of person compensa	ated and registration	n status									
Indicate whether the person compen	sated is a registrant.		☐ No	\checkmark	Yes						
If the person compensated is an indi	vidual, provide the nar	me of the indivi	dual.								
Full legal name of individua	I										
	Family	name	F	irst given i	name		Seco	ondary given	names		
If the person compensated is not an	·	_									
Full legal name of no	on-individual Eme	rging Equities	Inc.								
Firm NRD number 8 6 4 0 (if applicable)											
Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal. V No Yes											
b) Business contact information											
If a firm NRD number is not provided	1 in Item 8 (a), provide	the business co	ontact informati	on of the	person bei	ng comp	oensated.				
Street address											
Municipality				F	Province/S	State					
Country				Postal	code/Zip	code					
Email address				Tele	ohone nur	mber					
c) Relationship to issuer or in	vestment fund man	ager									
Indicate the person's relationship wit the Instructions and the meaning of							ning of "co	onnected" ir	Part I	B(2) of	
Connect with the issuer or					-		er than an	investmen	t fund))	
Director or officer of the inv			anager \square	•		,		ent fund ma	·		
✓ None of the above					, 00 01 11.0						
d) Compensation details	-:		:C	·		41 41-4					
Provide details of all compensation por Canadian dollars. Include cash commincidental to the distribution, such as allocation arrangements with the dire	issions, securities-base clerical, printing, lega	ed compensatio l or accounting	n, gifts, discoun services. An issu	ts or othe ıer is not	r compenso required to	ation. Do ask for	o not repo	ort payment	s for se	ervices	
Cash commissions paid	1,813.00	1	•	Г			Security co	odo 2 Soc	curity co	ada 2	
Value of all securities]]	Security codes		Security co	T	Security Co	ode 2 Sec	Junty CC	ode 3	
distributed as compensation ⁴						I I					
Describe terms	of warrants, options of	or other rights	5,180 finders for a period						er sh	are	
Other compensation ⁵		Describe									
Total compensation paid	1,813.00										
Check box if the person	will or may receive ar	ny deferred con	npensation (des	scribe the	terms belo	ow)					
^⁴ Provide the aggregate value of all s	securities distributed a	as compensation	on, <u>exclud</u> ing ou	otions, wa	arrants or o	other ria	hts exerci	sable to ac	quire		
additional securities of the issuer. Ir rights exercisable to acquire additio	ndicate the security co	odes for all secu	urities distribute	d as com	pensation,	<u>includii</u>	ng options	s, warrants	or oth	er	
⁵ Do not include deferred compensa											

тем 9 - Directors, Execu	TIVE OFFICERS	AND PROMOT	ERS OF THE ISS	SUER						
If the issuer is an investment fund	d, do not complete l	Item 9. Procced to	Item 10.							
Indicate whether the issuer is any o	f the following (select	t the one that appli	es - if more than one	applies, select onl	y one).					
✓ Reporting issuer in any juris	sdiction of Canada									
Foreign public issuer										
Wholly owned subsidiary of	a reporting issuer in	any jurisdiction of	Canada ⁶							
Provide nan	ne of reporting issue	r						7		
Wholly owned subsidiary of	a foreign public issu	uer ⁶						_		
Provide name of	foreign public issue	r						7		
Issuer distributing only eligil	ble foreign securities	and the distribution	n is to permitted clie	ents only ⁷				_		
If the issuer is at least one of the	above, do not comp	olete Item 9(a) – (d	c). Proceed to Item	10.						
⁶ An issuer is a wholly owned subsidiary of a reporting issuer or a foreign public issuer if all of the issuer's outstanding voting securities, other than securities that are required by law to be owned by its directors, are beneficially owned by the reporting issuer or the foreign public issuer, respectively. ⁷ Check this box if it applies to the current distribution even if the issuer made previous distributions of other types of securities to non-permitted clients. Refer to the definitions of "eligible foreign security" and "permitted client" in Part B(1) of the Instructions.										
If the issuer is none of the	above, check this b	ox and complete	Item 9(a) - (c).							
a) Directors, executive officer	e and promoters of	of the issuer								
Provide the following information for	•		moter of the issuer F	or locations within	Canada s	tate the	nrovince	or		
territory; otherwise state the country.							province			
Organization or company name	Family name	First given name	Secondary given names				onship to issuer ct all that apply)			
				Province or	country	D	0	Р		
b) Promoter information										
If the promoter listed above is not an within Canada, state the province or										
Organization or company name	Family name	First given name	Secondary given names	Residential jurisdiction of individual	jurisdiction of (select of		itionship to promo			
				Province or country	D		C)		
c) Residential address of eac	h individual									
Complete Schedule 2 of this form completed report. Schedule 2 also					(a) and (b)	and at	tach to t	he		

ITEM 10 - CERTIFICATION

Provide the following certification and business contact information of an officer, director or agent of the issuer or underwriter. If the issuer or underwriter is not a company, an individual who performs functions similar to that of a director or officer may certify the report. For example, if the issuer is a trust, the report may be certified by the issuer's trustee. If the issuer is an investment fund, a director or officer of the investment fund manager (or, if the investment fund manager is not a company, an individual who performs similar functions) may certify the report if the director or officer has been authorized to do so by the investment fund.

The certification may be delegated, but only to an agent that has been authorized by an officer or director of the issuer or underwriter to prepare and certify the report on behalf of the issuer or underwriter. If the report is being certified by an agent on behalf of the issuer or underwriter, provide the applicable information for the agent in the boxes below.

If the individual completing and filing the report is different from the individual certifying the report, provide the name and contact details for the individual completing and filing the report in Item 11.

The signature on the report must be in typed form rather than handwritten form. The report may include an electronic signature provided the name of the signatory is also in typed form.

Securities legislation requires an issuer or underwriter that makes a distribution of securities under certain prospectus exemptions to file a completed report of exemt distribution.

By completing the information below, I certify, on behalf of the issuer/underwriter/investment fund manager, to the securities regulatory authority or regulator, as applicable, that I have reviewed this report and to my knowledge, having exercised reasonable diligence, the information provided in this report is true and, to the extent required, complete.

Name of issuer/underwriter/ investment fund manager/agent	Triumph Gold Corp.					
Full legal name	Reynolds					
	Family name	First given name	'	Seconda	ary given na	ames
Title	President & CEO					
Telephone number	6048938757	Email address	@triump	hgold.co	om	
Signature	"Paul Reynolds"	Date	2019	07	19	
			YYYY	MM	DD	

ITEM 11- CONTACT PERSON											
Provide the following business contact information for the individual that the securities regulatory authority or regulator may contact with any questions regarding the contents of this report, if different than the individual certifying the report in Item 10.											
Same as individual certifying the report											
Full legal name	Fong	Sandy		Title	Paralegal						
	Family name	First given name	Secondary given names	•							
Name of company	Morton Law LLP										
Telephone number	6043319547	Em	ail address sf@mortonl	aw.ca							

Notice - Collection and use of personal information

The personal information required under this form is collected on behalf of and used by the securities regulatory authority or regulator under the authority granted in securities legislation for the purposes of the administration and enforcement of the securities legislation.

If you have any questions about the collection and use of this information, contact the securities regulatory authority or regulator in the local jurisdiction(s) where the report is filed, at the address(es) listed at the end of this form.

The attached Schedules 1 and 2 may contain personal information of individuals and details of the distribution(s). The information in Schedules 1 and 2 will not be placed on the public file of any securities regulatory authority or regulator. However, freedom of information legislation may require the securities regulatory authority or regulator to make this information available if requested.

By signing this report, the issuer/underwriter confirms that each individual listed in Schedule 1 or 2 of the report who is resident in a jurisdiction of Canada:

- a) has been notified by the issuer/underwriter of the delivery to the securities regulatory authority or regulator of the information pertaining to the individual as set out in Schedules 1 or 2, that this information is being collected by the securities regulatory authority or regulator under the authority granted in securities legislation, that this information is being collected for the purposes of the administration and enforcement of the securities legislation of the local jurisdiction, and of the title, business address and business telephone number of the public official in the local jurisdiction, as set out in this form, who can answer questions about the security regulatory authority's or regulator's indirect collection of the information, and
- b) has authorized the indirect collection of the information by the securities regulatory authority or regulator.