Form 45-106F1 Report of Exempt Distribution

BCSC EDER Reference Number 9212407

| 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 investment fund) | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| ITEM 3 - ISSUER NAME | | | | | | | | | | | |
| Provide the following informat | | r | | | invest | tment fu | nd, abou | it the fund. | | | |
| | gal name | Indiva L | Imited | 1 | | | | | | | |
| Previous full le | Previous full legal name | | | | | | | | | | |
| If the issuer's name changed in the last 12 months, provide most recent previous legal name. | | | | | | | | | | | |
| | Website indiva.ca (if applicable) | | | | | | | | | | |
| If the issuer has a legal entity i | dentifier <u>,</u> pro | ovide below | . Refer t | o Part B | of the | Instructi | ons for tl | he definition o | of "legal entit | y identifier". | |
| Legal entity | identifier | | | | | | | | | | |
| If two or more issuers distribute | ed a single s | ecurity, pro | vide the | full lega | l name | e(s) of th | e co-issu | ier(s) other th | an the issuer | named above | 2. |
| Full legal name(s) of co | -issuer(s) | | | | | | | (if applicable | e) | | |
| | | | | | | | | | | | |
| ITEM 4 - UNDERWRITER | INFORM | 1ATION | | | | | | | | | |
| If an underwriter is completing | the report, | provide the | underw | riter's ful | l legal | name a | nd firm I | NRD number. | | | 7 |
| Full legal name | | | | | | | | | | | |
| Firm NRD number | | | | | | | (if app | olicable) | | | |
| If the underwriter does not hav | e a firm NR | D number, | provide | the head | office | contact | informat | tion of the un | derwriter. | | |
| Street address | | | | | | | | | | |] |
| Municipality | | | | | | | Provi | ince/State | | |] |
| Country | | | | | | Pos | tal code | e/Zip code | | |] |
| Telephone number | | | | | | | | Website | | | (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 1 1 1 9 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 Development Production | | | | | | | | | |
| 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: 0 - 49 50 - 99 100 - 499 500 or more | | | | | | | | | |
| c) SEDAR profile number | | | | | | | | | |
| Does the issuer have a SEDAR profile? | | | | | | | | | |
| No ✓ Yes If yes, provide SEDAR profile number 0 0 0 5 7 1 1 | | | | | | | | | |
| 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 YYYY 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 NI 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 |
|-----------------------|---------------------|-------------------------|
| S100M to under \$500M | S500M to under \$1B | S1B or over |

| If the issue is an investment fund, provide the following information: a) Investment fund manager information Full legal name Furn NRD number If the investment fund manager does not have a firm NRD number, provide the head office contact information of the investment fund manager. Street address Municipality Province/State Guntry Postal code/Zip code Telephone number D Type of investment fund Tree of investment fund that most accurately identifies the issuer (select only one). Alternative strategies Cryptoasset Other (describe) Indicate whether one or both of the following apply to the investment fund. Investment fund that most accurately identifies the issuer (select only one). Alternative strategies Cryptoasset Other (describe) Indicate whether one or both of the following apply to the investment fund. Investment fund that most accurately identifies the issuer (select only one). Indicate whether one or both of the following apply to the investment fund. Investment fund issuers Is a UCIT's Fund' 'understaining for the Collective Investment fund issuers Is a UCIT's Fund' 'understaining for the Collective Investment of Transferable Securities funds (UCIT's Funds) are investment funds regulated by the European Union (C) Date of formation and financial year-end of the investment fund Suppresent fund a reporting issuer in any jurisdication of Canada? No Yes It he investment fund a reporting issuer in any jurisdication of Canada? No Yes It he investment fund hars a CUSP number, provide below (first 6 digits only) CUSP number On O Public listing status of the investment fund is a reporting issuer. All All All </th |
|---|
| Full legal name |
| Firm NRD number (if applicable) If the investment fund manager does not have a firm NRD number, provide the head office contact information of the investment fund manager. Street address Municipality Province/State |
| If the investment fund manager does not have a firm NRD number, provide the head office contact information of the investment fund manager. Street address Municipality County Postal code/Zip code County Telephone number Postal code/Zip code Do Type of investment fund Type of investment fund Type of investment fund that most accurately identifies the issuer (select only one). Do Type of investment fund that most accurately identifies the issuer (select only one). Do Money market De Quity De County De C |
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| CUSIP number |
| |
| name of an exchange and not a trading facility such as, for example, an automated trading system |
| |
| Exchange name |
| f) Net asset value (NAV) of the investment fund |
| Select the NAV range of the investment fund as of the date of the most recent NAV calculation (Canadian \$). |
| L L \$\the under \$\mathbf{S}M \qquad L \qquad \mathbf{S}M \text{ to under \$\mathbf{S}M \qquad to |
| \$0 to under \$5M \$5M to under \$25M \$25M to under \$100M \$100M to under \$500M \$500M to under \$1B \$1B or over Date of NAV calculation: |

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. | | | | | | | | | | | |
|---|-----------------------|--|---------------------------------|------------------------------|--|-----------------------|------------------------|---------|--------------------------------------|-------------------------|--|
| a) Currency | | | | | | | | | | | |
| Select the currency or | currencies ir | n which the dis | stribution | was made. | All dollar amounts provi | ded in the | report n | nust be | e in Canadi | ian dollars. | |
| ✓ Canadian dollar | <u> </u> | JS dollar | |] Euro | Other (descril | be) | | | | | |
| b) Distribution date(s) | | | | | | | | | | | |
| 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 dat | 2020 | 08 | 10 | End d | 20 | 20 | 08 | 10 | | |
| a) Detaile discussion | | YYYY | MM | DD | | YY | ΥY | MM | DD | | |
| c) Detailed purch | | | sch nure | hacar an | d attach the schedul | o to the | compla | tod ra | nort | | |
| • | - | | | nuser un | | | compte | leare | port. | | |
| d) Types of secu | | | utions ron | artad ara a | non coqueit : basis Defert | o Dout A/1 | 2) of the | lugatur | ations for h | au to indicato the | |
| | | | | | per security basis. Refer to t CUSIP number assigned | | | | | ow to indicate the | |
| | | | | | | | | | Canadian § | 3 | |
| Security code CUSIP nun (if applical | | Descripti | on of secu | rity | Number of securities | lov | gle or west rice | Higl | hest price | Total amount | |
| U B S | shar purc is va | s comprised e and one o hase warra lid for 36 m cise price c ant. | commoi int. Eac ionths a | n share h warran at an | | 00 | 0.3000 | | | 4,137,199.60 | |
| CMS | | | | | | | | | | | |
| e) Details of right | ts and con | vertible/excl | nangeab | le securit | ies | | | | | | |
| were distributed, prov | | | | | ercise price and expiry dates the second expiry dates and the second expired at the seco | | | | | exchangeable securities | |
| | lerlying rity code | | rcise price nadian \$) Hi | ahest | Expiry date (YYYY- MM-DD) | Conversion ratio I | | | Describe other items (if applicable) | | |
| W N T C | MS | 0.4000 | | 9 | 2023-08-10 | 1:1 | | | | | |
| f) Summary of th | e distributi | ion by jurisdi | iction an | d exempt | ion | | I | | | | |
| 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 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 | | | Ex | emption relie | ed on | | of unique chasers | 28 | Total a | mount (Canadian \$) | |
| Ontario | | NI 45-106 | 2.3 [Aco | credited | investor] | | | 17 | | 845,699.60 | |
| Québec | | NI 45-106 | 2.3 [Aco | credited | investor] | | | 2 | | 22,500.00 | |
| British Colun | nbia | NI 45-106 | 2.3 [Aco | credited | investor] | | | 12 | | 1,236,000.00 | |
| Alberta | | NI 45-106 | 2.3 [Aco | credited | investor] | | | 4 | | 2,033,000.00 | |
| Alberta | | NI 45-106 | 2.14 [Se | ecurities | for debt] | | | 2 | | 85,486.00 | |

| | Total number of unique purchasers ^{2b} | 46 | | | | | | |
|----------|---|----|-----------|--|--|--|--|--|
| | Total dollar amount of securities distribute | | | | | | | |
| Québec | NI 45-106 2.14 [Securities for debt] | 1 | 1,118.00 | | | | | |
| Manitoba | NI 45-106 2.14 [Securities for debt] | 1 | 894.50 | | | | | |
| Ontario | NI 45-106 2.14 [Securities for debt] | 9 | 27,959.50 | | | | | |

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

^{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.

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.³ 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) |
|-------------|---|---|---|
| | | | |

| Ітем 8 - Со | MPENSATIO | N INFORMATION | | |
|---------------|-----------------|---|---|--|
| | | rson (as defined in NI 45-106) to whom the issuer directly provides, o itional copies of this page if more than one person was, or will | , | |
| Indicate whet | her any compens | ation was paid, or will be paid, in connection with the distribution. | | |
| 🗌 No | ✓ Yes | If yes, indicate number of persons compensated. | 3 | |

| a) Name of person compensated | d and registrat | ion status | | | | | | | |
|---|--|---|--|--|---|--|--|-------------------------|--|
| Indicate whether the person compensate | ed is a registrant | | No No | \checkmark | Yes | | | | |
| If the person compensated is an individu | al, provide the r | name of the indiv | vidual. | | | | | | |
| Full legal name of individual | | | | | | | | | |
| | Family name First given name Secondary given names | | | | | | | | |
| If the person compensated is not an individual, provide the following information. | | | | | | | | | |
| Full legal name of non-individual Leede Jones Gable Inc. | | | | | | | | | |
| Firm NRD number5770(if applicable) | | | | | | | | | |
| Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal. | | | | | | | | | |
| b) Business contact information | | | | | | | | | |
| If a firm NRD number is not provided in | ltem 8 (a), provi | ide the business o | contact informatio | on of the p | person bein | g compensated. | | | |
| Street address | | | | | | | | | |
| Municipality | | | | Р | rovince/St | ate | | | |
| Country | | |] | Postal c | ode/Zip co | ode | | | |
| Email address | | | | Telepl | hone num | ber | | | |
| c) Relationship to issuer or invest | stment fund m | anager | | | | | | | |
| Indicate the person's relationship with the issuer or investment fund manager (select all that apply). Refer to the meaning of "connected" in Part B(2) of the Instructions and the meaning of "control" in section 1.4 of NI 45-106 for the purposes of completing this section. Connect with the issuer or investment fund manager Insider of the issuer (other than an investment fund) Director or officer of the investment fund or investment fund manager None of the above | | | | | | | | | |
| d) Compensation details | | | | | | | | | |
| Provide details of all compensation paid, Canadian dollars. Include cash commissi incidental to the distribution, such as clei allocation arrangements with the directo Cash commissions paid Value of all securities distributed as compensation ⁴ | ons, securities-b rical, printing, le | ased compensati gal or accounting pployees of a nor | ion, gifts, discount g services. An issu | s or other er is not r ensated b | compensative compe | tion. Do not repo ask for details ab : | ort payments for yout, or report or | services a, internal | |
| Describe terms of | warrants, option | s or other rights | 45,966 Warra Expiry: 36 m Exercise Price | onths | | Common Share | es | | |
| Other compensation ⁵ | | Describe | | | | | | | |
| Total compensation paid | 13,789.9 | 9 | | | | | | | |
| Check box if the person will or may receive any deferred compensation (describe the terms below) | | | | | | | | | |
| ⁴ Provide the aggregate value of all sec additional securities of the issuer. Indic rights exercisable to acquire additional ⁵ Do not include deferred compensation | ate the security securities of the | codes for all see | | | | | | | |

| a) Name of person compensated | and registration | on status | | | | | | | | |
|--|--|-------------------|--|--------------|-------------------------|-------------|-------------|----|--|--|
| Indicate whether the person compensated | d is a registrant. | | No No | ✓ Y | /es | | | | | |
| If the person compensated is an individue | al, provide the no | ame of the indiv | idual. | | | | | | | |
| Full legal name of individual | | | | | | | | | | |
| | Family | / name | Fire | st given nam | ne | Secondary | given names | | | |
| If the person compensated is not an individual, provide the following information. | | | | | | | | | | |
| Full legal name of non-individual ATB Capital Markets Inc. | | | | | | | | | | |
| Firm NRD number33040(if applicable) | | | | | | | | | | |
| Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal. Ves | | | | | | | | | | |
| b) Business contact information | | | | | | | | | | |
| If a firm NRD number is not provided in I | ltem 8 (a), provid | le the business o | contact informatio | n of the pe | rson being con | npensated. | | | | |
| Street address | | | | | | | | | | |
| Municipality | | | | Pro | ovince/State | | | | | |
| Country | | | I | Postal co | de/Zip code | | | | | |
| Email address | | | | Telepho | one number | | | | | |
| c) Relationship to issuer or invest | tment fund ma | nager | | | | | | | | |
| Indicate the person's relationship with the issuer or investment fund manager (select all that apply). Refer to the meaning of "connected" in Part B(2) of the Instructions and the meaning of "control" in section 1.4 of NI 45-106 for the purposes of completing this section. Connect with the issuer or investment fund manager Director or officer of the investment fund or investment fund 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 with the distribution. Provide all amounts in Canadian dollars. Include cash commissions, securities-based compensation, gifts, discounts or other compensation. Do not report payments for services incidental to the distribution, such as clerical, printing, legal or accounting services. An issuer is not required to ask for details about, or report on, internal allocation arrangements with the directors, officers or employees of a non-individual compensated by the issuer. Cash commissions paid 139,999.99 | | | | | | | | | | |
| Value of all securities | | | Socurity codes | w | ecurity code 1 / N T | | | | | |
| distributed as compensation ⁴ | | | Security codes | | | | | | | |
| Describe terms of w | varrants, options | or other rights | 466,667 Warr Expiry: 36 mc Exercise Pric | onths | urchase com | imon shares | | | | |
| Other compensation ⁵ | | Describe | | | | | | | | |
| Total compensation paid | 139,999.99 | 9 | | | | | | | | |
| Check box if the person will | or may receive a | any deferred co | mpensation (desc | ribe the te | rms below) | | | | | |
| ⁴ Provide the aggregate value of all secu additional securities of the issuer. Indica rights exercisable to acquire additional s ⁵ Do not include deferred compensation. | ate the security of securities of the | codes for all sec | | | | | | er | | |

| a) Name of person compensation | ated and regis | stration st | tatus | | | | | | | |
|---|---|---------------------------|--|---|--------------------------|----------------------|--|------------------|------------|-------------------------|
| Indicate whether the person compen | sated is a regist | rant. | | No No | \checkmark | Yes | | | | |
| If the person compensated is an individual, provide the name of the individual. | | | | | | | | | | |
| Full legal name of individual | | | | | | | | | | |
| | Family name First given name Secondary given names | | | | | | | | | es |
| If the person compensated is not an individual, provide the following information. | | | | | | | | | | |
| Full legal name of n | Full legal name of non-individual Canaccord Genuity Corp. | | | | | | | | | |
| Firm NRD number 9 0 0 (if applicable) | | | | | | | | | | |
| Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal. | | | | | | | | | | |
| b) Business contact informati | ion | | | | | | | | | |
| If a firm NRD number is not provided | d in Item 8 (a), j | provide the | e business co | ontact informatio | on of the | person b | eing con | npensated. | | |
| Street address | | | | | | | | | | |
| Municipality | | | | | F | rovince | e/State | | | |
| Country | | | | | Postal o | code/Zi | p code | | | |
| Email address | | | | | Telep | hone n | umber | | | |
| c) Relationship to issuer or in | vestment fun | d manag | er | | | | | | | |
| Indicate the person's relationship with the issuer or investment fund manager (select all that apply). Refer to the meaning of "connected" in Part B(2) of the Instructions and the meaning of "control" in section 1.4 of NI 45-106 for the purposes of completing this section. Connect with the issuer or investment fund manager Insider of the issuer (other than an investment fund) Director or officer of the investment fund or investment fund manager None of the above | | | | | | | | | | |
| d) Compensation details | | | | | | | | | | |
| Provide details of all compensation p Canadian dollars. Include cash comm incidental to the distribution, such as allocation arrangements with the dir Cash commissions paid Value of all securities distributed as compensation ⁴ | nissions, securiti clerical, printin ectors, officers c | es-based c g, legal or | ompensatio accounting es of a non- | n, gifts, discount services. An issu | s or othe er is not i | r compei required | nsation. I to ask fo suer. code 1 | Do not report pa | yments for | services n, internal |
| Describe terms | s of warrants, op | otions or o | ther rights | 50,867 Warr Expiry: 36 m Exercise Price | onths | | e comr | non shares | | |
| Other compensation ⁵ | | | Describe | | | | | | | |
| Total compensation paid | | | | | | | | | | 1 |
| Check box if the person | will or may rec | eive any d | eferred con | npensation (des | cribe the | terms b | elow) | | | |
| ⁴ Provide the aggregate value of all additional securities of the issuer. In rights exercisable to acquire addition ⁵ Do not include deferred compensations. | ndicate the second nal securities d | urity codes | s for all secu | | | | | | | |

| ITEM 9 - DIRECTORS, EXECUTIVE OFFICERS AND PROMOTERS OF THE ISSUER | | | | | | | | | |
|--|------------------------|-----------------------|--------------------------|---|---|---|---|----|--|
| If the issuer is an investment fund, do not complete Item 9. Procced to Item 10. | | | | | | | | | |
| Indicate whether the issuer is any o | f the following (seled | t the one that appli | es - if more than one | applies, select onl | y one). | | | | |
| Reporting issuer in any juris | diction of Canada | | | | | | | | |
| Foreign public issuer | | | | | | | | | |
| Wholly owned subsidiary of | a reporting issuer i | n any jurisdiction of | Canada ⁶ | | | | | | |
| Provide nan | ne of reporting issue | ər | | | | | | | |
| Wholly owned subsidiary of | a foreign public iss | uer ⁶ | | | | | | | |
| Provide name of | foreign public issue | er | | | | | | | |
| Issuer distributing only eligible foreign securities and the distribution is to permitted clients only ⁷ | | | | | | | | | |
| If the issuer is at least one of the | above, do not com | plete Item 9(a) – (d | :). 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. | | | | | | | | | |
| a) Directors, executive officer | s and promoters | of the issuer | | | | | | | |
| Provide the following information for each director, executive officer and promoter of the issuer. For locations within Canada, state the province or territory; otherwise state the country. For "Relationship to issuer", "D" – Director, "O" – Executive Officer, "P" – Promoter. | | | | | | | | or | |
| Organization or company name | Family name | First given name | Secondary given names | Business location of non-individual or residentail jurisdiction of individual | | | Relationship to issuer (select all that apply) | | |
| | | | | Province or | country | D | 0 | Р | |
| | | | | | | | | | |
| b) Promoter information | | | | | | | | | |
| If the promoter listed above is not an individual, provide the following information for each director and executive officer of the promoter. For locations within Canada, state the province or territory; otherwise state the country. For "Relationship to promoter", "D" – Director, "O" – Executive Officer. | | | | | | | | | |
| Organization or company name | Family name First give | First given name | me Secondary given names | Residential jurisdiction of individual | jurisdiction of individual (select o | | ationship to promoter one or both if applicable) | | |
| | | | | Province or country | D | | C |) | |
| | | | | | | | | | |
| c) Residential address of eac | h individual | | | | | | | | |

Complete Schedule 2 of this form providing the full residential address for each individual listed in Item 9(a) and (b) and attach to the completed report. Schedule 2 also requires information to be provided about control persons.

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 | Indiva Limited | | | | | | |
|--|-------------------------------|------------------|----------|-----------------------|----|--|--|
| Full legal name | Welsh Jennifer | | | | | | |
| | Family name | First given name | | Secondary given names | | | |
| Title | Chief Financial Officer | | | | | | |
| Telephone number | 5196496686 Email address jen@ | | jen@indi | indiva.com | | | |
| Signature | /s/ Jennifer Welsh | Date | 2020 | 08 | 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 | Yermus | Corey | | Title | Associate |
|------------------|-------------------|------------------|-----------------------|-----------|-----------|
| | Family name | First given name | Secondary given names | | |
| Name of company | Bennett Jones LLP | | | | |
| Telephone number | 4166276487 | Er | nail address yermusc | bennettjo | nes.com |

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.