
PROOF OF CLAIM

**IN RESPECT OF WEQ HOLDINGS INC., FORMERLY WESTERONE INC. AND
ITS FORMER DIRECTORS AND OFFICERS**

1. PARTICULARS OF CLAIMANT

Full Legal Name of Claimant: _____ (the "Claimant").
(Full legal or corporate name should be the name of the original Claimant.)

Full Mailing Address of the Claimant:

Telephone Number of Claimant: _____ *

Facsimile Number of Claimant: _____ *

Attention (Contact Person): _____

E-mail Address: _____ *

Has the Claim been sold or assigned by Claimant to another party?

Yes _____ No _____ (If yes please complete section D)

2. PROOF OF CLAIM:

I, _____ [Name of Claimant or Representative
of the Claimant], do hereby certify:

that I am (please check one):

_____ the Claimant ; or

_____ hold the following position of _____ the Claimant

and have personal knowledge of all the circumstances connected with the Claim described herein;

3. PARTICULARS OF CLAIM:

Name of the specific party or parties against whom the Claim is being made and the amount of the Claim:

Debtor Party	Amount	Currency
	\$ _____	
	\$ _____	
	\$ _____	
	\$ _____	

Description of transaction, agreement or event giving rise or relating to the Claim:

If the Claim is contingent or unliquidated, state the basis and provide evidence upon which the Claim has been valued:

IF CLAIMANTS REQUIRE ADDITIONAL SPACE, PLEASE ATTACH A SCHEDULE HERETO. CLAIMANTS SHOULD PROVIDE:

- **PARTICULARS OF THE CLAIM; AND**
- **COPIES OF ALL SUPPORTING DOCUMENTATION, INCLUDING AMOUNT AND DESCRIPTION OF TRANSACTION(S), AGREEMENT(S) OR LEGAL BREACH(ES) GIVING RISE TO THE CLAIM.**

THE FAILURE TO PROVIDE SUFFICIENT EVIDENCE TO SUPPORT YOUR CLAIM MAY RESULT IN YOUR CLAIM BEING DISALLOWED WHOLLY, OR IN PART, AND DETERMINED ACCORDINGLY.

4. PARTICULARS OF ASSIGNEE(S) (IF ANY):

Full Legal Name of Assignee(s) of the Claim (*if all or a portion of the Claim has been sold*). If there is more than one assignee, please attach separate sheets with the following information:

(the "Assignee(s)")

Amount of Total Claim Assigned \$ _____

Amount of Total Claim Not Assigned \$ _____

Total Amount of Claim \$ _____

(should equal "Total Claim" as entered on Section B)

Full Mailing Address of Assignee(s):

Telephone Number of Assignee(s): _____

Facsimile Number of Assignee(s): _____

E-mail address of Assignee(s): _____

Attention (Contact Person): _____

FILING OF CLAIMS:

The duly completed Proof of Claim together with supporting documentation must be returned and received by the Liquidator, no later than 5:00 pm local Vancouver time on February 15, 2019, to the e-mail address or address listed below.

Failure to file your Proof of Claim by such date will result in your claim **being forever extinguished and barred** and you will be prohibited from making or enforcing a Claim against WEQ or the Directors or Officers.

This Proof of Claim must be delivered by e-mail, facsimile, personal delivery, courier or prepaid mail at the following address:

Address of the Liquidator:

The Bowra Group Inc.
Bentall 1 Centre, Box #72
505 Burrard St. #430
Vancouver, British Columbia
V7X 1M3
Attention: Gordon Brown
Fax: 604-689-8584
E-mail: westernone@bowragroup.com

DATED at _____ this _____ day of _____, 20____.

(Signature of Witness)

(Signature of individual completing this form)

(Please print name)

(Please print name)