

**ONTARIO
SUPERIOR COURT OF JUSTICE
(COMMERCIAL LIST)**

**IN THE MATTER OF THE COMPANIES' CREDITORS ARRANGEMENT ACT,
R.S.C. 1985, c.C-36, AS AMENDED**

**AND IN THE MATTER OF A PLAN OF COMPROMISE OR ARRANGMENT OF
ARALEZ PHARMACEUTICALS INC. AND
ARALEZ PHARMACEUTICALS CANADA INC.
(the "Applicants")**

PROOF OF CLAIM

**Please read carefully the Claims Procedure Order and the schedules appended to the
Claims Procedure Order prior to completing this form.**

1. PARTICULARS OF THE CLAIMANT:

- A.** Full Legal Name of Claimant _____

(the "Claimant")
- B.** Full Mailing Address of the Claimant _____

- C.** Telephone Number _____
- D.** Email Address _____
- E.** Fax Number _____
- F.** Name of the Authorized Representative of the Claimant _____

- G.** Email address of the Authorized Representative _____

H. Have you acquired this claim by assignment? Yes: No:

If yes, please attach documents evidencing assignment and provide the full legal name of the original creditor(s):

2. **DECLARATION:**

I, _____
(name of Claimant or Authorized Representative of the Claimant)

am the Claimant of Aralez Pharmaceuticals Inc. and/or Aralez Pharmaceuticals Canada Inc.;

have a claim against one or more Directors/Officers:

(please specify the individual Directors/Officers)

am _____ of _____
(indicate the title or function)

(name of Claimant)

which is a Claimant of Aralez Pharmaceuticals Inc. and/or Aralez Pharmaceuticals Canada Inc.;

have knowledge of all the circumstances connected with the Claim described herein.

3. **PROOF OF CLAIM:**

The Applicant(s) and/or the Directors/Officers of the Applicants were and still are indebted to the Claimant as follows:

(A restructuring claim against the Applicants means any existing or future right or claim by any Person against any of the Applicants in connection with any indebtedness, liability or obligation of any kind whatsoever owed by the Applicants to such Person arising out of the restructuring, disclaimer, rescission, termination or breach by the Applicants on or after the Filing Date (namely August 10, 2018) of any contract, lease or other agreement or arrangement whether written or oral.)

(Claims in a foreign currency are to be converted to Canadian Dollars at the Bank of Canada daily average exchange rate for August 10, 2018: CDN\$1.3113/USD\$1.00.)

i. PRE-FILING CLAIM AGAINST THE APPLICANTS

- a. ARALEZ PHARMACEUTICALS INC. CA \$ _____
- b. ARALEZ PHARMACEUTICALS CANADA INC. CA \$ _____

ii. RESTRUCTURING CLAIM AGAINST THE APPLICANTS:

- a. ARALEZ PHARMACEUTICALS INC. CA \$ _____
- b. ARALEZ PHARMACEUTICALS CANADA INC. CA \$ _____

iii. DIRECTOR/OFFICER CLAIM AGAINST THE DIRECTORS/OFFICERS OF THE APPLICANTS:

- a. ARALEZ PHARMACEUTICALS INC. CA \$ _____
- b. ARALEZ PHARMACEUTICALS CANADA INC. CA \$ _____

iv. TOTAL CLAIM (sum of (i), (ii) and (iii)):

- a. ARALEZ PHARMACEUTICALS INC. CA \$ _____
- b. ARALEZ PHARMACEUTICALS CANADA INC. CA \$ _____

4. NATURE OF CLAIM:

Applicant (circle as applicable):

Aralez Pharmaceuticals Inc. / Aralez Pharmaceuticals Canada Inc.

(a) UNSECURED CLAIM in the amount of CA\$ _____ / _____.
In respect of this debt, I do not hold any security and:

(i) Regarding the amount of CA\$ _____ / _____, I do not claim a right to priority.

(ii) Regarding the amount of CA\$ _____ / _____, I claim a right to a priority under section 136 of the *Bankruptcy and Insolvency Act (Canada)* (the "BIA") or would claim such a priority if this Proof of Claim were being filed in accordance with the BIA.

Please attach a detailed explanation supporting any priority claim.

(b) SECURED CLAIM in the amount of CA\$ _____ / _____.
In respect of this debt, I hold security valued at CA\$ _____ / _____, particulars of which are attached to this Proof of Claim form.

Please provide a detailed, complete statement of any particulars of the security, including the date on which the security was given and the value at which you assess the security and attach a copy of the security documents.

5. PARTICULARS OF CLAIM

The particulars of the undersigned's total Claim (including Pre-filing Claims, Restructuring Claims and D&O Claims) are attached.

(Provide full particulars of the Claim and supporting documentation, including amount, description of transaction(s) or agreement(s) giving rise to the Claim, name of any guarantor(s) which has guaranteed the Claim, particulars and copies of any security and amount of Claim allocated thereto, date and number of all invoices, particulars of all credits, discounts, etc. claimed. If a Claim cannot be evidenced through a statement of account, the Claimant must provide a sworn affidavit attesting to the particulars of the Claim, together with all supporting documents. If a claim is made against any Directors or Officers, specify the applicable Directors or Officers and the legal basis for the Claim against them.)

6. FILING OF CLAIM

This Proof of Claim must be received by the Monitor on or before the Claims Bar Date. With respect to Pre-filing Claims and D&O Claims, the Claims Bar Date means 5:00 p.m. in Toronto, Ontario, on November 29, 2018. With respect to Restructuring Claims, the Claims Bar Date means the later of (i) 5:00 p.m. in Toronto, Ontario, on November 29, 2018 and (ii) the date that is 10 Business Days after the Monitor sends a Claims Package with respect to a Restructuring Claim in accordance with the Claims Procedure Order.

Failure to file your Proof of Claim as directed by the Claims Bar Date will result in your Claim being extinguished and barred and in you being prevented from making or enforcing a Claim against the Applicants or Director/Officer, as applicable.

All future correspondence will be directed to the email designated in the contact details unless you specifically request that hardcopies be provided.

I require hardcopy correspondence.

DATED at _____ this ____ day of _____, 201__.

(Signature of Witness)

(Signature of Claimant or its authorized representative)

(Please print name)

(Please print name)