

**Claim Form must be postmarked, emailed, faxed
or submitted electronically (on-line portal) by
11:59 pm on March 19, 2019**

CLAIM FORM

**Concordia International Corp.
Canadian Securities Litigation Class Action Settlement**

Ronald J. Valliere and Shauntelle Paul

v.

Concordia International Corp., Mark Thompson and Adrian de Saldanha
Ontario Superior Court of Justice ~ Court File Number CV-17-584809-00 CP

And

Robert Landry

v.

Concordia International Corp., Mark Thompson and Adrian de Saldanha
Québec Superior Court of Justice ~ Court File Number 500-06-000834-164

Trilogy Class Action Services

Administrator

Concordia Class Action Administration
177 Queen Street,
P.O. Box 1000,
Niagara-on-the-Lake, Ontario,
L0S 1J0

Phone: 1-877-400-1211

Fax: 1-416-342-1761

Email: claims@trilogyclassactions.ca

Website: www.concordiasettlement.com

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Please Type or Print

CLAIMANT IDENTIFICATION

The Claims Administrator will use this information for all communications regarding your Claim Form. If this information changes, you MUST notify the claims administrator in writing at the address above.

Beneficial Owner's name (as the name(s) should appear on check, if eligible for payment)

Street Address:

City:

Province or State:

Postal or Zip Code:

Country:

Telephone Number (work):

Extension:

Telephone Number (home):

Individual

Corporation / Other

Email Address:

CALCULATION OF THE DISTRIBUTION AND MAXIMUM ENTITLEMENT

The Distribution for each Authorized Claimant will be calculated by the Administrator by dividing the Compensation Fund by the total number of Qualified Shares for all Authorized Claimants to arrive at a per Qualified Share distribution amount defined herein as the “Pro Rata Distribution”;

The Administrator will then multiply the Pro Rata Distribution by the number of Qualified Shares held by an Authorized Claimant to arrive at the Distribution to be paid to each Authorized Claimant;

In no event shall an Authorized Claimant receive a Distribution greater than his/her/its Maximum Entitlement;

For each transaction, copies of trade confirmations or other documentation of your transactions should be attached to your Claim Form. Failure to submit supporting documentation for such transactions may result in the rejection of your Claim;

“Qualified Shares” means Shares purchased or acquired during the Class Period of (November 12, 2015 to and including August 11, 2016) and held until after August 12, 2016;

The Maximum Entitlement shall be calculated as follows:

- (a) **For Qualified Shares disposed of on or before the 10th trading day after the public correction (August 25, 2016)**, the difference between the average price paid for those Qualified Shares (including any commissions paid in respect thereof) and the price received upon the disposition of those Qualified Shares (without deducting any commissions paid in respect of the disposition);

(Computed in boxes A-E below)

A. Number of Qualified Shares disposed of on or before the 10th trading day after the public correction (August 25, 2016) “ A ”	
B. The average price paid for those Qualified Shares in “ A ” (including commissions) “ B ” (round to two decimal places)	
C. The average price received upon disposition of those Qualified Shares in “ A ” (without deducting commissions) “ C ”	
D. The difference between the average price paid for those Qualified Shares in “ A ” (including commissions) and the average price received upon disposition of those Qualified Shares in “ A ” (without deducting commissions) “ B minus “ C ” = “ D ”	
E. Net Loss “ A ” multiplied by “ D ” = “ E ”	

- (b) For Qualified Shares not disposed of on or before the 10th trading day after the public correction (August 25, 2016), the lesser of:
- An amount equal to the difference between the average price paid for those Qualified Shares (including any commissions paid in respect thereof) and the average price received upon the disposition of those Qualified Shares (without deducting any commissions paid in respect of the disposition); and
 - An amount equal to the number of Qualified Shares disposed of by an Authorized Claimant, multiplied by the difference between the average price paid for those Qualified Shares (including any commissions paid in respect thereof determined on a per security basis) and the ten-day volume-weighted average trading price for those Qualified Shares following the public correction on August 12, 2016.

(Section (b) i above computed in boxes F-J below)

F. Number of Qualified Shares not disposed of on or before the 10th trading day after the public correction (August 25, 2016) “F”	
G. The average price paid for those Qualified Shares in “F” (including commissions). “G”	
H. The average price received upon disposition of those Qualified Shares in “F” (without deducting commissions). “H”	
I. The difference between the average price paid for those Qualified Shares in “F” (including commissions) and the average price received upon disposition of those Qualified Shares in “F” (without deducting commissions). “G” minus “H” = “I”	
J. Net Loss “F” multiplied by “I” = “J”	

(Section (b) ii above computed in boxes K-M below)

K. The ten-day volume-weighted average trading price for those Qualified Shares following the public correction on August 12, 2016. “K”	\$ 12.32
L. The difference between the average price paid for the Qualified Shares in “F” (including commissions) and the ten-day volume-weighted average trading price for Qualified Shares following the public correction of August 12, 2016. “G” minus “K” = “L”	
M. Net Gain or Loss based on the ten-day volume-weighted average trading price. “F” multiplied by “L” = “M”	
N. The Lesser Net Loss of “J” and “M”	
O. Maximum Entitlement (“E” plus “N”)	

I declare under penalty of perjury and disqualification to receive payment from the Compensation Fund, under the laws of the Province of Ontario, that all of the foregoing information, documentation, calculations and identity supplied in my Claim Form Package by the undersigned is true, accurate and correct.

Executed this _____ day of _____, _____, in _____, _____ (Province/State)

(Day) (Month) (Year) (City)

(Name and Position)

(Sign your name here)