

UNITED STATES OF AMERICA
Before the
SECURITIES AND EXCHANGE COMMISSION

In the Matter of
BitClave PTE Ltd,
Respondent.

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ADMINISTRATIVE PROCEEDING
File No. 3-19816

PROOF OF CLAIM FORM

I. GENERAL INSTRUCTIONS

1. To be potentially eligible to recover as an injured investor based on your claims in the BitClave Fair Fund (the "Fair Fund"), you must complete and, on page 5 hereof, sign this Proof of Claim Form. If you fail to file a properly addressed (as set forth in paragraph 4 below) Proof of Claim Form, your claim may be rejected and you may be precluded from any recovery from the Fair Fund created in connection with the proposed Plan of Distribution.

2. The capitalized and defined terms used herein shall have the meanings set forth in the Corrected Plan of Distribution (the "Plan"), unless otherwise noted.

3. Submission of this Proof of Claim Form, however, does not assure that you will share in the proceeds of the Fair Fund.

4. YOU MUST MAIL YOUR COMPLETED AND SIGNED PROOF OF CLAIM FORM POSTMARKED ON OR BEFORE **August 8, 2023**, ADDRESSED AS FOLLOWS:

BitClave Fair Fund
Fund Administrator
c/o KCC Class Action Services
P.O. Box 6162
Novato, CA 94948-6162

Eligible Claimants of the Fair Fund is defined as all persons (other than Excluded Parties) who purchased BitClave CATs during the relevant period and who are determined by the Fund Administrator to be eligible for a Distribution Payment from the Fair Fund.

IF YOU ARE NOT AN ELIGIBLE CLAIMANT, DO NOT SUBMIT A PROOF OF CLAIM FORM.

II. CLAIMANT IDENTIFICATION

Use Part I of this form entitled "CLAIMANT IDENTIFICATION" to identify each purchaser of record ("nominee"), if different from the beneficial purchaser which forms the basis of this claim. THIS CLAIM MUST BE FILED BY THE ACTUAL BENEFICIAL PURCHASER(S) OR THE LEGAL REPRESENTATIVE OF SUCH PURCHASER(S) OF THE CERTIFICATE(S) UPON WHICH THIS CLAIM IS BASED.

All joint purchasers must sign the Proof of Claim Form. Executors, administrators, guardians, conservators, and trustees must complete and sign this claim on behalf of persons represented by them, and their authority must accompany this claim and their titles or capacities must be stated. The Social Security (or taxpayer identification) number and telephone number of the beneficial owner may be used in verifying the claim. Failure to provide the foregoing information could delay verification of your claim or result in rejection of the claim.

III. CLAIM FORM

Use Part II of the Proof of Claim Form entitled "Schedule of Transactions in BitClave CATs" to supply all required details of your purchase(s) of BitClave CATs during the relevant period. If you need more space to list your transactions, make a copy of the applicable page. Additional copies of the schedules can also be found on the Fair Fund website, www.BitClaveFairFund.com. Sign and print or type your name on each additional schedule.

On the schedules, provide all of the requested information with respect to **all** of your purchases of the BitClave CATs during the Relevant Period, whether such transactions resulted in a profit or a loss. Failure to report all such transactions may result in the rejection of your claim.

List each transaction separately, and accurately.

Copies of wallet/account confirmations or other documentation of your transactions should be attached to your claim. Failure to provide this documentation could delay verification of your claim or result in rejection of your claim.

NOTICE REGARDING ELECTRONIC FILES: Certain claimants with large numbers of transactions may request, or may be requested, to submit information regarding their transactions in electronic files. All claimants **MUST** submit a manually signed paper Proof of Claim Form whether or not they also submit electronic copies. If you wish to file your claim electronically, you must contact the Fund Administrator at edata@kccllc.com to obtain the required file layout. No electronic files will be considered to have been properly submitted unless the Fund Administrator issues to the claimant a written acknowledgment of receipt and acceptance of electronically submitted data.

**IMPORTANT: THE INFORMATION BELOW MUST MATCH
THE INFORMATION LISTED ON PAGE 3 OF THIS CLAIM FORM**

**PART III. FORM W-9
Taxpayer Identification Number Certification**

Social Security Number: — —

or

Taxpayer Identification Number: —

Your name (as it appears on your federal income tax return):

First and last name for individuals or entity Name for businesses, trusts, etc.

Tax Classification:

Fill appropriate circle for federal tax classification of the claimant below

- Individual C Corporation S Corporation Partnership Trust/Estate Other _____
 Limited Liability Company

Choose tax classification of LLC: C Corporation S Corporation Partnership

Exemptions:

Codes apply only to certain entities, not individuals; see www.irs.gov/pub/irs-pdf/iw9.pdf for additional information.

Exempt Payee Code (if any) Exemption from FATCA reporting code (if any)

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number; **and**
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; **and**
3. I am a U.S. citizen or other U.S. person (including a U.S. resident alien); **and**
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Note: If you have been notified by the IRS that you are subject to backup withholding, you must cross out item 2 above.

Signature of U.S. Person

Dated (mm/dd/yyyy)

If you are not a U.S. person, as defined above, then you should not complete the Substitute Form W-9 included above. Instead, you should fill in the circle certifying you are not a U.S. person and complete IRS Form W-8BEN, W-8BEN-E, or other W-8 series form, which can be found by visiting the following IRS website: <https://www.irs.gov/forms-instructions-and-publications>.



PART IV. CERTIFICATION

1. Defined terms used herein shall have the meaning ascribed to them in the Corrected Plan of Distribution.
2. I (We) hereby warrant and represent that I (we) have not assigned or transferred or purported to assign or transfer, voluntarily or involuntarily, any matter released pursuant to this release or any other part or portion thereof.
3. I (We) hereby warrant and represent that I (we) have included information about all of my (our) transactions in BitClave CATs which occurred during the Relevant Period as well as the number of BitClave Cats held by me (us) at the close of trading on May 27, 2020.
4. I (We) hereby warrant and represent that we are not excluded from participation in the Fair Fund based on the definition of an Eligible Claimant as defined in the Corrected Plan of Distribution.

I (We) declare under penalty of perjury under the laws of the United States of America that the foregoing information supplied by the undersigned is true and correct.

Executed this _____ day of _____ in _____
(Month/Year) (City/State/Country)

(Sign your name here)

(Sign your name here)

(Type or print your name here)

(Type or print your name here)

(Capacity of person(s) signing, e.g.,
Beneficial Purchaser or Acquirer, Executor or Administrator)

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**ACCURATE CLAIMS PROCESSING TAKES A SIGNIFICANT AMOUNT OF TIME.
THANK YOU FOR YOUR PATIENCE.**

Reminder Checklist:

1. Please sign the above certification.
2. If this claim is being made on behalf of joint Potentially Eligible Claimants, then both must sign.
3. Remember to attach copies of supporting documentation if available.
4. **Do not send** original certificates.
5. Keep a copy of your Proof of Claim Form and all supporting documentation for your records.
6. The Fund Administrator will acknowledge receipt of your Proof of Claim by mail within 60 days. Your claim is not deemed filed until you receive an acknowledgement postcard. If you do not receive an acknowledgement postcard within 60 days, please call the Fund Administrator toll-free at 1-888-792-0204.
7. If you move, please send your new address to the address below or via email to info@bitclavefairfund.com.
8. **Do not use red pen or highlighter** on the Proof of Claim Form or supporting documentation.

**THIS PROOF OF CLAIM FORM MUST BE SUBMITTED TO THE BELOW ADDRESS
POSTMARKED NO LATER THAN AUGUST 8, 2023:**

BitClave Fair Fund
Fund Administrator
c/o KCC Class Action Services
P.O. Box 6162
Novato, CA 94948-6162

