

**SCHEDULE E
PROOF OF CLAIM**

**IN THE MATTER OF THE WINDING-UP PROCEEDING OF
PAIDIEM PAYMENT SOLUTIONS INC. ("THE "CORPORATION")**

1. PARTICULARS OF CLAIMANT

Full Legal Name of Claimant: _____ (the "Claimant") has the Claim against the Corporation described below.

Full Mailing Address of the Claimant:

Telephone Number of Claimant: _____

Facsimile Number of Claimant: _____

Attention (Contact Person): _____

Email Address: _____

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

am _____ [Position or Office Held] of the Claimant and have personal knowledge of all the circumstances connected with the Claim against the Corporation.

3. PARTICULARS OF CLAIM (Please check and complete all applicable):

Creditor Claim:

Amount of Claim	Currency	Secured or Unsecured

Details of the Creditor Claim, including, if applicable, the security held:

Shareholder Claim:

Class of Shares	Number Owned	Amount (CAD\$)

IF ADDITIONAL SPACE IS REQUIRED, PLEASE ATTACH A SCHEDULE. THE CLAIMANT SHOULD PROVIDE PARTICULARS OF THE CLAIM AND COPIES OF SUPPORTING DOCUMENTATION.

4. FILING OF CLAIMS:

This Proof of Claim together with supporting documentation must be returned and received by the Liquidator, no later than 5:00 p.m. local Toronto time on January 12, 2023, to the email address or address listed below.

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

Address of the Liquidator

MNP Ltd. in its capacity as court-appointed Liquidator of
Paidem Payment Solutions Inc.
111 Richmond Street West, Suite 300
Toronto, ON M5H 2G4

Attention: Akhil Kapoor
Phone: 647-475-4573
Fax: 416-596-7894
E-mail: paidem@mnp.ca

DATED at _____ this _____ day of _____, 2022

(Signature of Witness)

(Signature of individual completing this form)