

SOUTHGOBI RESOURCES LTD.

Securities Settlement

ELECTRONIC FILING INSTRUCTIONS

I. Important Notes – PLEASE READ

- Electronic claim submissions apply to institutions or claim preparers filing on behalf of multiple clients or accounts, or to individuals filing a large number of transactions who have requested or been requested to file claims electronically.
- In addition to these instructions, please review the details set forth in the claim form and notice prior to submitting claims.
- Electronic claim submissions **MUST** be accompanied by all documentation requirements outlined in Section IV of these instructions.
- Please provide all trade dates in **US** date format (**MM/DD/YYYY**).
- Please provide the holdings and transactions of the eligible securities outlined in Section II in order to conform with these electronic filing requirements.

II. Eligible Securities (CUSIP 844375105)

Pursuant to orders in the Actions, the following may be entitled to a recovery from the settlement proceeds:

All persons and entities (other than Excluded Persons), wherever they may reside or be domiciled, who: acquired any SouthGobi Securities during the Class Period and retained some or all of them at the close of trading on November 8, 2013, other than Excluded Persons.

III. Methods of Submission

The most efficient way to file a claim is to **file an online claim** by visiting the Canadian Claims Administrator's website at **www.SouthGobiClassActionSettlement.ca**. The website provides step by step instructions on how to file a claim.

Electronic files will not be deemed properly submitted unless the Claims Administrator issues an email after processing your file with your claim number(s) and respective account information. Do not assume that your file has been properly submitted until you receive this email. If you do not receive such an email, you should contact the Claims Administrator at **Application@SouthGobiClassActionSettlement.ca** to inquire about your file and confirm it was received and acceptable.

The Claim Form must be properly submitted **no later than September 15, 2026, at 11:59 EST**.

Other submission alternatives: You may also request a PDF version of the claim form in order to submit a claim via email or mail.

1. EMAIL

Read the instructions carefully, duly complete and sign the Claim Form, include all the documents required, and mail it to **Application@SouthGobiClassActionSettlement.ca**

- If you choose to email your file, you **MUST** also attach all documentation requirements in the email as .pdf documents or equivalent.

2. MAIL

Read the instructions carefully, duly complete and sign the Claim Form, include all the documents required, and mail it to **the mailing address below**. Claim Forms must be submitted **no later than September 15, 2026, at 11:59 EST**.

SouthGobi Resources Ltd. Securities Settlement Claims Administrator
c/o Epiq Class Action Services Canada Inc.
P.O. Box 507 STN B
Ottawa ON K1P 5P6

IV. Documentation Requirements

The documentation requirements outlined below must be submitted with your claim form. Your claim submission will not be considered valid until all documentation requirements are received. Please note that one single document may meet more than one requirement.

Any documentation provided **must** include the claimant's name and address or account number.

1. DULY COMPLETED CLAIM FORM

- You **must** submit one (1) claim form per submission. Your submission may contain one or more accounts.
- You **must** complete the Claimant Identification section, (Part I) and the Claimant Certification and Privacy Statement section (Part III). The Claimant Identification Page **must** contain your institution contact information. The Certification Page **must** be signed by an authorized signatory who is listed on your signature verification document and must state the capacity (job) of the signatory.

2. SIGNATURE VERIFICATION DOCUMENT

- If you are an institution or claim preparer filing on behalf of client/customer or proprietary accounts (i.e., not an individual claimant), you **must** provide a document verifying that the individual who signed the claim form and any supplemental documents is authorized to sign on behalf of his/her company.
- Some common types of documents that fulfill this requirement include the following (Please note that some entities may have different documents that fulfill this requirement. If you cannot submit the documents listed below, you **must** submit an equivalent document):
 - Copy of company's By-Laws, including signature page(s)

- Copy of company's Corporate Resolution, including signature page(s)
- Notarized Affidavit signed by an officer of the institution clearly granting a specific individual(s) authorization or confirming his/her authority to sign on behalf of his/her company.

3. DATA VERIFICATION DOCUMENT(S)

- If you are an institution or claim preparer filing on behalf of client/customer or proprietary accounts (i.e. not an individual claimant), you **must** provide a notarized affidavit or signed letter on firm letterhead which meets the below criteria:
 - Confirms the number of distinct accounts and transactions on your file
 - Discloses the source of your data (i.e. internal data retention system)
 - Attests to the truth and accuracy of the transactions and holdings on your electronic file
 - Is executed by an authorized signatory who is listed on your signature verification document, and specifies both the capacity and contact information of that signatory.

4. AUTHORIZATION DOCUMENT (IF FILING ON BEHALF OF CLIENT OR CUSTOMER ACCOUNTS)

- If you are an institution or claim preparer filing on behalf of client/customer accounts (i.e. not an individual claimant), you **must** provide a current document verifying that you are authorized to file and sign claims on behalf of your clients.
- Some common types of documents that fulfill this requirement include the following:
 - Power of Attorney
 - Service Agreement
 - Signed/dated letter on client's company letterhead specifically granting your company authority to file/sign claims on their behalf.
 - Notarized affidavit or signed letter on your company's letterhead confirming your authority to file and sign claims on behalf of your clients. It must be executed by an officer of the company who is also listed on your signature verification document and reference the capacity and contact information of the signatory.

Please note that some entities may have different documents that fulfill this requirement. If you cannot submit the documents listed below, you **MUST** submit an equivalent document.

5. EXCEL SPREADSHEET CONTAINING TRANSACTIONS AND HOLDINGS

You **must** provide all transactions and holding amounts for each account you are filing for by following the required format set out in these Electronic Filing Instructions.

ADDITIONAL DOCUMENTATION (IF REQUESTED) - DATA INTEGRITY AUDIT

The Claims Administrator may request random entities, as deemed appropriate by Epiq, who submit claims electronically to provide documentation to support certain transactions and/or holdings in specific claims. This data integrity audit is designed to verify the overall integrity of a data submission. Accordingly, the documentation provided must be independent in nature and sufficient to verify the validity and accuracy of the entire data submission. Even if you provided a letter/affidavit attesting to the truth and accuracy of your data when initially submitting your claim electronically, we will require specific documentary evidence (trade confirmations, monthly statement, or equivalent), to independently verify the details of the transactions and/or holdings requested, if your claim is selected for a data integrity audit.

V. Required Filing Format

GENERAL INSTRUCTIONS

- Files may be submitted as an Excel spreadsheet
- All fields in the below format must be included on your file
- Any fields that do not apply to your file must be left blank (do not delete any fields)
- Your file must include one header row with column headings
- Do not provide any blank rows on your file
- Any files not in accordance with the below format are subject to rejection

VI. Electronic Filing Notes

ADDRESSES

- Claims and checks (if the claim is eligible) will be created based on the account and address information provided on your electronic file.
- If you require checks to be made out directly to the beneficial owner but still sent to your company, please include a “c/o” before your company name in column B on the File Summary tab of your file.
- If you require checks to be mailed to some other party (i.e. directly to the custodian bank for each account or directly to the beneficial owner), please **contact us** for additional details about the proper electronic file layout to accommodate your request.
- For foreign addresses, the two-character country code must be provided in column H of the File Summary tab, all address information (including full country names and provinces) must be included in the two address fields (columns C-D), and the city, state, zip fields (columns E-H) must be left blank.
- If you are a third-party claim preparer filing on behalf of multiple clients and beneficial owners on a single claim submission, you must provide the distinct beneficial owner in your electronic claim submission on the Beneficial Owner Information tab.

SECURITIES

- All transactions and holding positions must reference an appropriate security identifier (CUSIP) in column D of your tab *Transaction Info*.
- All securities for each account must balance. This means that the beginning holdings plus purchases (including free receives) MUST EQUAL total sales (including free deliveries).
- Negative values may only be given for beginning holdings (transaction types “B”). All other transactions must reflect positive values.

TRANSFERS

Free receive/free deliver (transfer in/out) transactions are considered deficient unless you have additional information regarding the original purchase(s) from the prior account or the ultimate sale(s) or ending holdings from the subsequent account.

If you have this information, you must combine or amend your accounts as follows:

- ❖ Shares Received into Account – Provide the original purchase of these shares from the prior

account rather than the “free receive” transaction.

- ❖ Shares Delivered out of Account – Provide the sale(s) and/or ending holdings from the subsequent account rather than the “free deliver” transaction.

If you have no information available on the original purchase/subsequent sale, you must provide the free receipt/delivery transactions in their respective claim(s) for **balancing purposes only**. A free receive or transfer in must be reflected as a transaction type “R” and a free deliver or transfer out must be reflected as a transaction type “D” (prices and net amounts must be zero).

REQUIRED FILE LAYOUT OF THE E-CLAIM

Tab 1 - File Summary Tab		
Column	Column Title	Notes
A	File Submitted By (Full Name)	
B	Company Name	Name of Company for Mailing of Checks (Include a “c/o” before your company name if you require checks made out to the beneficial owner c/o your company.)
C	Company Address	Nominee Mailing Address (Checks will be delivered here if nominee chooses to)
D	Company Address 2	
E	Company City	
F	Company Province/State	
G	Company Postal/Zip Code	
H	Company Country	
I	First and Last Name of Person to be Contacted Regarding this Submission	
J	Contact Phone Number	
K	Email Address	
L	Total Number of Accounts Submitted in this File	
M	Total Number of Transactions Submitted in this File	
Tab 2 – Beneficial Owner Information Tab		
Column	Column Title	Notes
A	ACCOUNT NUMBER OF BENEFICIAL OWNER	
B	ACCOUNT TYPE 1 - Individual (includes joint owner accounts) 2 - Pension Plan 3 - IRA/401K 4 - Corporation 5 - Estate 6 - RRSP/RRIF/RESP 7 - Trust 8 - Other	
C	BENEFICIAL OWNER NAME(S) (OR BENEFICIAL OWNER FUND NAME)	(as you would like the name(s) to appear on the payment, if eligible for one)
D	JOINT BENEFICIAL OWNER NAME(S) (OR BENEFICIAL OWNER FUND NAME 2)	(as you would like the name(s) to appear on the payment, if eligible for one)
E	BENEFICIAL OWNER ENTITY NAME	

F	REPRESENTATIVE OF BENEFICIAL OWNER	
G	BENEFICIAL OWNER ADDRESS 1	
H	BENEFICIAL OWNER ADDRESS 2	
I	CITY	
J	PROVINCE / STATE	
K	ZIP/POSTAL CODE	
L	COUNTRY	

Tab 3 – Transaction Info Tab

Column	Column Title	Notes
A	ACCOUNT NUMBER OF BENEFICIAL OWNER	
B	CURRENCY TYPE: (CAD, USD, HKD)	If other, please specify
C	For shares acquired on Toronto Stock Exchange (enter SGQ); For shares acquired on the Stock Exchange of Hong Kong (enter 1878)	
D	CUSIP: - 844375105	
E	TRADE DATE / HOLDINGS DATE: Please input the dates chronologically in the following format: (MM/DD/YYYY)	
F	TRANSACTION TYPE: B - SouthGobi Shares held as of beginning of trading on 03/30/2011 P - Purchases and/or acquisitions of SouthGobi Shares from 03/30/2011 through the date of filing the claim form S - Sales and/or dispositions of SouthGobi Shares on or after 03/30/2011 E - Ending Holdings as of claim filing date TRANSFERS: D - Free Deliveries of SouthGobi Shares between accounts R - Free Receipts of SouthGobi Shares between accounts	
G	QUANTITY OF ELIGIBLE SECURITY	
H	PRICE PER SHARE	
I	TOTAL PURCHASE PRICE OR TOTAL SALE PRICE (including brokerage commissions)	
J	COMMENTS	Note: This column may be used for related account numbers to a transfer of shares, or other comments.