

**Claim Form must be postmarked, emailed, faxed or submitted electronically (on-line portal: [Amayasecuritiessettlementcanada.com/portal](https://amayasecuritiessettlementcanada.com/portal)) by 11:59 pm on November 18, 2020**

**CLAIM FORM**  
**The Stars Group Inc. (formerly Amaya Inc.)**  
**Securities Litigation Class Action Settlement**

**Pierre Derome**

**v.**

**The Stars Group Inc., David Baazov, Daniel Y. Sebag, DivyeshGadhia,  
Harlan W. Goodson and Wesley K. Clark**

**Superior Court of Quebec: Court File Number 500-06-000785-168**

**Administrator:**

**Trilogy Class Action Services  
117 Queen Street, P.O. Box 1000,  
Niagara-on-the-Lake, ON, Canada  
Tel : 1-877-400-1211  
Email : [inquiry@trilogyclassactions.ca](mailto:inquiry@trilogyclassactions.ca)**

**Website: [Amayasecuritiessettlementcanada.ca](https://amayasecuritiessettlementcanada.ca)**

**Class Members are required to complete the Claim Form and upload the supporting documentation in the online claims administration portal <https://amayasecuritiessettlementcanada.com/portal>**



**Claimants must provide the following information and all supporting documents:**

<b>A.</b> Number of Eligible Securities purchased “ <b>A</b> ”	
<b>B.</b> Number of Eligible Securities disposed of on or before April 6, 2016“ <b>B</b> ”	
<b>C.</b> The average price paid Eligible Securities (including commissions) “ <b>C</b> ”	
<b>D.</b> The average price received upon disposition of Eligible Securities (without deducting commissions) “ <b>D</b> ”	
<b>E.</b> Number of Eligible Securities <b>not</b> disposed of on or before April 6, 2016“ <b>E</b> ”	
<b>F.</b> The number of Eligible Securities disposed of after April 6, 2016“ <b>F</b> ”	

I declare under penalty of perjury and disqualification to receive payment from the Compensation Fund, under the laws of the Province of Quebec, 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 \_\_\_\_\_,  
(City) Province/State

\_\_\_\_\_  
Name and Position (Signature)