



## REQUEST FOR FINANCIAL STATEMENTS

### TO: Our registered and non-registered shareholders

If you are interested in receiving International Prospect Ventures Ltd.'s annual and interim financial statements and management's discussion and analysis relating to those financial statements, as the case may be (respectively referred to as a "Financial Reporting Package"), please complete and return this notice to the address noted below.

With your consent, we will send our Financial Reporting Package to you by facsimile or e-mail. To enable us to use facsimile or e-mail we require your consent below, together with a facsimile number or e-mail address.

Notwithstanding your election below, copies of our Financial Reporting Package may be obtained without charge upon request to us at the contact details specified below. You may also access our disclosure documents through the Internet on the Canadian System for Electronic Document Analysis and Retrieval (SEDAR) at [www.sedar.com](http://www.sedar.com).

- ☐ Yes, I want to be placed on the annual mailing list and receive copies of annual audited financial statements and related Management's Discussion and Analysis.
- ☐ Yes, I want to be placed on the supplementary mailing list and receive copies of the unaudited interim financial report for the first, second and third quarters, as the case may be, and related Management's Discussion and Analysis.
- ☐ Yes, I consent to the delivery of interim or annual financial statements, as the case may be, and related Management's Discussion and Analysis indicated above by electronic means and have provided my facsimile number or e-mail address below. I acknowledge that I may revoke this consent or revise the delivery instructions (including the facsimile number or e-mail address for delivery) at any time by notifying International Prospect Ventures Ltd. of such revocation or revision, as the case may be.

Please complete the following:

|                                                                                                     |                |                 |                                                                                                  |
|-----------------------------------------------------------------------------------------------------|----------------|-----------------|--------------------------------------------------------------------------------------------------|
| <hr/>                                                                                               |                |                 | Preferred Method of Communication:                                                               |
| Name of Shareholder (please print)                                                                  |                |                 | <input type="checkbox"/> Mail <input type="checkbox"/> E-mail <input type="checkbox"/> Facsimile |
| <hr/>                                                                                               |                |                 |                                                                                                  |
| Street Address                                                                                      |                |                 |                                                                                                  |
| <hr/>                                                                                               |                |                 |                                                                                                  |
| City                                                                                                | Province/State | Postal/Zip Code | E-mail Address (if applicable)                                                                   |
| <hr/>                                                                                               |                |                 | <hr/>                                                                                            |
| I certify that I am a registered or beneficial shareholder of International Prospect Ventures Ltd.: |                |                 | Facsimile Number (if applicable)                                                                 |
| <hr/>                                                                                               |                |                 | <hr/>                                                                                            |
| Signature                                                                                           |                |                 | Date: <hr/>                                                                                      |

Delivery of the information provided in this form to International Prospect Ventures Ltd. will be deemed to be consent to International Prospect Ventures Ltd. to collect such information and use it for the purpose stated above. You will be further deemed to have consented to International Prospect Ventures Ltd. disclosing such information to third party service providers who provide, from time to time, mail and delivery services for International Prospect Ventures Ltd.

Completed forms should be returned to:

INTERNATIONAL PROSPECT VENTURES LTD.  
2864 chemin Sullivan  
Val-d'Or, Québec J9P 0B9  
Attention: Chief Financial Officer  
Facsimile: (819) 824-3379  
Telephone: (819) 824-2808