

SEC V MACQUARIE FAIR FUND PROOF OF CLAIM FORM

IMPORTANT: This Proof of Claim Form is only for the Fair Fund. If you wish to participate in the Class Action also, you must file a separate Class Action Proof of Claim Form. If you decide to “opt-out” of participating in the Class Action settlements, you may still participate in the Fair Fund. However, if you did not purchase shares of Puda Coal in the Secondary Offering, you are not eligible for the Fair Fund.

Deadline to File a Fair Fund Claim: May 13, 2016

Mail your completed claim form and documentation to:

Macquarie Capital Fair Fund
 PO Box 2838
 Portland, OR 97208-2838

Before completing this form, please read the detailed instructions on page 4. When filling out this form, type or print in the boxes below in CAPITAL LETTERS; do not use red ink, pencils, or staples.

PART I: CLAIMANT IDENTIFICATION

Beneficial Owner’s First Name	MI	Beneficial Owner’s Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Co-Beneficial Owner’s First Name	MI	Co-Beneficial Owner’s Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Entity Name (if claimant is not an individual)

Representative or Custodian Name (if different from Beneficial Owner(s) listed above)

Address 1 (street name and number)

Address 2 (apartment, unit or box number)

City	State	ZIP/Postal Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Foreign Country (only if not USA)

Social Security Number	OR	Taxpayer Identification Number	Exemption from FATCA reporting code (if any):
<input type="text"/> - <input type="text"/> - <input type="text"/>		<input type="text"/> - <input type="text"/>	<input type="text"/>

Telephone Number (home)	Telephone Number (work)
<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>

Email address

Account Number (if filing for multiple accounts, file a separate Proof of Claim for each account):

Claimant Account Type (check appropriate box):

<input type="checkbox"/> Individual (includes joint owner accounts)	<input type="checkbox"/> Pension Plan	<input type="checkbox"/> Trust
<input type="checkbox"/> Corporation	<input type="checkbox"/> Estate	
<input type="checkbox"/> IRA/401K	<input type="checkbox"/> Other _____ (please specify)	

PART III: RELEASE

I attest that:

1. I have provided accurate records pertaining to **all** transactions in Puda common stock during the period from December 8, 2010 through April 30, 2012.
2. I am not and/or have not been:
 - a. A director or officer of Puda during the period from December 8, 2010 through the present; or an affiliate, assign, creditor, heir, distributee, spouse, parent, dependent child, or controlled entity of the foregoing persons, entities, or Respondent;
 - b. A person who, as of the claims filing deadline, has been the subject of criminal charges related to the violations found in this case or any related Commission action;
 - c. The Administrator, its employee, or a person assisting the Administrator in its role as the Administrator;
 - d. An affiliate, assign, creditor, heir, distribute, spouse, parent, dependent child, or controlled entity of any of the foregoing persons or entities described in (a)-(c) above; or
 - e. An assignee of another person's right to obtain a recovery in the Commission's action against Puda, provided, however, that this provision shall not be construed to exclude those persons who obtained such a right by gift, inheritance or devise.

3. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
4. I am not subject to backup withholding because: i) I am exempt from backup withholding; ii) 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 iii) the IRS has notified me that I am no longer subject to backup withholding. (NOTE: If you have been notified by the IRS that you are subject to backup withholding, you must cross out this item), and
5. I am a U.S. citizen or other U.S. person, and
6. The Foreign Account Tax Compliant Act ("FATCA") code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is (are) correct.

Certification:

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. **The Internal Revenue Service does not require your consent to any provision of this document other than the certifications in the box above, which are required to avoid backup withholding.**

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

Signature of Claimant

Date - -
MM DD YY

Print Name of Claimant

Signature of Joint Claimant, if any

Date - -
MM DD YY

Print Name of Joint Claimant

PROOF OF CLAIM INSTRUCTIONS

A. This Proof of Claim and Release (“Proof of Claim Form”) has been sent to you because you may be a Potentially Eligible Claimant in this matter. Please make sure you complete the requested information in Part I in its entirety. To participate, you must complete and sign this Proof of Claim Form and provide supporting documents for any eligible transactions you claim. If you fail to file a properly addressed Proof of Claim Form and supporting documents, your claim may be rejected, and you may be determined to be ineligible for any payment in this matter.

B. Submission of this Proof of Claim Form does not assure that you will share in the proceeds of the Fair Fund created in this matter. Your share will depend on the number of Potentially Eligible Claimants filing eligible claims and will be subject to a \$10.00 Minimum Distribution Amount.

C. YOU MUST COMPLETE AND SUBMIT YOUR PROOF OF CLAIM FORM BY MAIL POSTMARKED ON OR BEFORE MAY 13, 2016, ADDRESSED TO THE DISTRIBUTION AGENT AS LISTED BELOW.

D. If you are NOT a Potentially Eligible Claimant, as defined in the Distribution Plan Notice, DO NOT submit a Proof of Claim Form.

E. Use the section of this form entitled “Claimant Information” to identify each owner of record. THIS PROOF OF CLAIM FORM MUST BE FILED BY THE ACTUAL BENEFICIAL OWNER(S) OR THE LEGAL REPRESENTATIVE OF SUCH OWNER(S) OF SHARES UPON WHICH THIS CLAIM IS BASED.

F. Use the section of this form entitled “Schedule of Transactions” to supply all required details of your transaction(s). If you need more space or additional schedules, attach separate sheets giving all of the required information in substantially the same form. Sign and print or type your name on each additional sheet.

G. Complete a separate Proof of Claim Form for each account in which you qualify.

H. Provide all of the requested information with respect to shares of the Puda common stock that you acquired at any time on or between December 8, 2010 and April 30, 2012, inclusive, whether such transactions resulted in a profit or a loss. Failure to report all such transactions may result in the rejection of your claim.

I. List each transaction in chronological order, by trade date, beginning with the earliest. You must accurately provide the month, day, and year of each transaction you list.

J. Documentation of your transactions must be attached to your claim. Failure to provide this documentation could delay verification of your claim or result in rejection of your claim.

K. The above requests are designed to provide the minimum amount of information necessary to process the simplest claims. The Distribution Agent may request additional information as required to efficiently and reliably calculate your losses.

Proof of Claim Forms must be postmarked no later than May 13, 2016 and mailed to Macquarie Capital Fair Fund, PO Box 2838, Portland, OR 97208-2838.

ATTENTION NOMINEES AND BROKERAGE FIRMS: If you are filing claim(s) electronically on behalf of beneficial owners, detailed instructions are available on the website at www.pudacoalfund.com along with the formatted electronic filing template. You may also send an email to info@pudacoalfund.com requesting this information.

Reminder Checklist

1. Sign the Certification section of the Proof of Claim and Release on page 3.
2. Remember to attach supporting documentation.
3. Do not send original documents.
4. Keep a copy of your Proof of Claim Form and all documents submitted for your records.
5. If you desire an acknowledgment of receipt of your Proof of Claim Form, send your Proof of Claim Form by Certified Mail, Return Receipt Requested.
6. If you move, please send the Distribution Agent your new address.
7. Remember to supply your Social Security Number or Tax Identification Number (or the foreign equivalents of such identifying information) and any joint owners Social Security Number(s) if applicable. If you are not a U.S. citizen, please include a copy of your passport or other identification.

ACCURATE CLAIMS PROCESSING CAN TAKE A SIGNIFICANT AMOUNT OF TIME. THANK YOU FOR YOUR PATIENCE.