

Relationship:

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C.

| OMB APPROVAL                                     |
|--|
| OMB Number: 3235-0076                            |
| Expires: August 31, 2015                         |
| Estimated Average burden hours per response: 4.0 |

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|--|-------------------------------|--|--|
| 1. Issuer's Identity   |                               |  |  |
| CIK (Filer ID Number)  | Previous Name(s) None         | Entity Type  |  |
| 0001374339   | AMORFIX LIFE                  | •  |  |
| Name of Issuer   | SCIENCES LTD                  | Corporation  |  |
| ProMIS Neurosciences Inc.  |                               | Limited Partnership                                    |  |
| Jurisdiction of  |                               | Limited Liability Company                              |  |
| Incorporation/Organization   |                               | C General Partnership                                  |  |
| CANADA (FEDERAL LEVEI  |                               | C Business Trust                                       |  |
| Year of Incorporation/Organiza   | ation                         | C Other  |  |
| Over Five Years Ago Within Last Five Years   |                               |  |  |
| (Specify Year)   |                               |  |  |
| C Yet to Be Formed   |                               |  |  |
|  |                               |  |  |
|  |                               |  |  |
| 2. Principal Place of  | Business and Contact          | Information  |  |
| Name of Issuer   |                               |  |  |
| ProMIS Neurosciences Inc.  |                               |  |  |
| Street Address 1   | Street Addre                  | ess 2  |  |
| SUITE 200, 1920 YONGE STRE   | EET                           |  |  |
| City   | State/Province/Country ZIP/Po | ostal Code Phone No. of Issuer                         |  |
| TORONTO  |                               |  |  |
|  |                               |  |  |
|  |                               |  |  |
| 3. Related Persons   |                               |  |  |
| 3. Related Persons   | First Name                    | Middle Name  |  |
|  | First Name                    | Middle Name  |  |
| Last Name  |                               |  |  |
| Last Name GOLDSTEIN Street Address 1   | ELLIOT Street Addre           |  |  |
| Last Name  GOLDSTEIN   | ELLIOT Street Addre           |  |  |
| Last Name  GOLDSTEIN  Street Address 1  SUITE 200, 1920 YONGE ST   | Street Addre                  | ess 2  |  |
| Last Name  GOLDSTEIN  Street Address 1  SUITE 200, 1920 YONGE ST  City   | Street Addre                  | ZIP/Postal Code  |  |
| Last Name  GOLDSTEIN  Street Address 1  SUITE 200, 1920 YONGE ST  City  TORONTO  | Street Addre                  | ZIP/Postal Code  M4S 3E2                               |  |
| Last Name  GOLDSTEIN  Street Address 1  SUITE 200, 1920 YONGE ST  City  TORONTO  | Street Addre                  | ZIP/Postal Code  M4S 3E2                               |  |
| Last Name  GOLDSTEIN  Street Address 1  SUITE 200, 1920 YONGE ST  City  TORONTO  | Street Addre                  | ZIP/Postal Code  M4S 3E2                               |  |
| Last Name  GOLDSTEIN  Street Address 1  SUITE 200, 1920 YONGE ST  City  TORONTO  Relationship: Ex                                      | Street Addre                  | ZIP/Postal Code  M4S 3E2                               |  |
| Last Name  GOLDSTEIN  Street Address 1  SUITE 200, 1920 YONGE ST  City  TORONTO  Relationship: Ex                                      | Street Addre                  | ZIP/Postal Code  M4S 3E2                               |  |
| Last Name  GOLDSTEIN  Street Address 1  SUITE 200, 1920 YONGE ST  City  TORONTO  Relationship: Ex                                      | Street Addre                  | ZIP/Postal Code  M4S 3E2                               |  |
| Last Name  GOLDSTEIN  Street Address 1  SUITE 200, 1920 YONGE ST  City  TORONTO  Relationship: Ex                                      | Street Addre                  | ZIP/Postal Code  M4S 3E2                               |  |
| Last Name  GOLDSTEIN  Street Address 1  SUITE 200, 1920 YONGE ST  City  TORONTO  Relationship:   Clarification of Response (if Neces   | Street Addre                  | ZIP/Postal Code  M4S 3E2  Promoter                     |  |
| Last Name  GOLDSTEIN  Street Address 1  SUITE 200, 1920 YONGE ST  City  TORONTO  Relationship: Ex  Clarification of Response (if Neces | Street Addre                  | ZIP/Postal Code  M4S 3E2  Promoter  Middle Name  MINHO |  |
| Last Name  GOLDSTEIN  Street Address 1  SUITE 200, 1920 YONGE ST  City  TORONTO  Relationship:   | Street Addre                  | ZIP/Postal Code  M4S 3E2  Promoter  Middle Name  MINHO |  |
| Last Name  GOLDSTEIN  Street Address 1  SUITE 200, 1920 YONGE ST  City  TORONTO  Relationship: Ex  Clarification of Response (if Neces | Street Addre                  | ZIP/Postal Code  M4S 3E2  Promoter  Middle Name  MINHO |  |
| Last Name  GOLDSTEIN  Street Address 1  SUITE 200, 1920 YONGE ST  City  TORONTO  Relationship:   | Street Addre                  | ZIP/Postal Code  M4S 3E2  Promoter  Middle Name  MINHO |  |

□ Director

Promoter

Executive Officer

| Clarification of Resp  | onse (if Necessary) |                |                   |  |
|------------------------|---------------------|----------------|-------------------|--|
|                        |                     |                |                   |  |
|                        |                     |                |                   |  |
| Last Name              | First Na            | mo             | Middle Name       |  |
| CASHMAN                | NEIL                | ine .          | Wildle Name       |  |
| Street Address 1       |                     | Street Addr    | ress 2            |  |
| SUITE 200, 1920        | YONGE STREET        |                |                   |  |
| City                   |                     | ovince/Country | ZIP/Postal Code   |  |
| TORONTO                |                     | RIO, CANADA    | M4S 3E2           |  |
| <u>'</u>               |                     |                |                   |  |
| Relationship:          | Executive Office    | er Directo     | Promoter          |  |
| Clarification of Resp  | onse (if Necessary) |                |                   |  |
| 1                      |                     |                |                   |  |
|                        |                     |                |                   |  |
|                        |                     |                |                   |  |
| Last Name              | First Na            | me             | Middle Name       |  |
| WYMAN                  | WILLI               | AM             |                   |  |
| Street Address 1       |                     | Street Addr    | ress 2            |  |
| SUITE 200, 1920        | YONGE STREET        |                |                   |  |
| City                   |                     | ovince/Country | ZIP/Postal Code   |  |
| TORONTO                | ONTA                | RIO, CANADA    | M4S 3E2           |  |
| D.1.6. 11              | <b>F n</b> oct      |                |                   |  |
| Relationship:          | Executive Office    | Directo        | Promoter          |  |
| Clarification of Respo | onse (if Necessary) |                |                   |  |
|                        |                     |                |                   |  |
|                        |                     |                |                   |  |
|                        |                     |                |                   |  |
| Last Name              | First Na            |                | Middle Name       |  |
| WILLIAMS               | EUGE                |                |                   |  |
| Street Address 1       |                     | Street Addr    | ress 2            |  |
| SUITE 200, 1920        |                     |                | gram              |  |
| City                   |                     | ovince/Country | ZIP/Postal Code   |  |
| TORONTO                | ONTA                | RIO, CANADA    | M4S 3E2           |  |
| Dolotionshin:          | Evanstin Of         | n Directs      | P                 |  |
| Relationship:          | Executive Office    | er Directo     | Promoter Promoter |  |
| Clarification of Resp  | onse (if Necessary) |                |                   |  |
|                        |                     |                |                   |  |
|                        |                     |                |                   |  |
|                        |                     |                |                   |  |
| Last Name              | First Na            |                | Middle Name       |  |
| KIRWIN                 | PATRI               |                |                   |  |
| Street Address 1       | VONCE CERTIFIE      | Street Addr    | ress 2            |  |
| SUITE 200, 1920        |                     |                | ZID/D . LC .      |  |
| City                   |                     | ovince/Country | ZIP/Postal Code   |  |
| TORONTO                | ONTA                | RIO, CANADA    | M4S 3E2           |  |
| Dolotioki              | E Emand Off         | . F Dinas (    |                   |  |
| Relationship:          | Executive Office    | er Directo     | Promoter Promoter |  |
| Clarification of Resp  | onse (if Necessary) |                |                   |  |
|                        |                     |                |                   |  |

| Last Name                                      | First Name Middle Name  |
|--|---|
| CLENNETT                                       | JANET   |
| treet Address 1                                | Street Address 2  |
| SUITE 200, 1920 YONGE STREE                    | Т   |
| City   | State/Province/Country ZIP/Postal Code                        |
| TORONTO  | ONTARIO, CANADA M4S 3E2                                       |
|  |   |
| Relationship: Executi                          | ve Officer Director Promoter                                  |
| Clarification of Response (if Necessary        |   |
|  |   |
|  |   |
| I. Industry Group                              |   |
| Agriculture                                    | Health Care C Retailing  © Biotechnology                      |
| Banking & Financial Services                   | C Health Insurance C Restaurants                              |
| C Commercial Banking                           | C Hospitals & Physicians Technology                           |
| C Insurance                                    | C Pharmaceuticals C Other Health Corre                        |
| C Investing C Investment Banking               | Other Health Care C Telecommunications                        |
| C Pooled Investment Fund                       | C Other Technology  |
| Other Banking & Financial                      | Travel  |
| C Services                                     | C Manufacturing C Airlines & Airports                         |
| Business Services                              | Real Estate C Lodging & Conventions                           |
| Energy C Coal Mining                           | C Commercial C Tourism & Travel Services                      |
| C Electric Utilities                           | C REITS & Finance C Other Travel                              |
| C Energy Conservation                          | C Residential C Other   |
| C Environmental Services                       | Other Real Estate   |
| C Oil & Gas C Other Energy                     |   |
| other Energy                                   |   |
|  |   |
| 5. Issuer Size                                 |   |
| evenue Range                                   | Aggregate Net Asset Value Range  No Aggregate Net Asset Value |
| No Revenues  \$1 - \$1,000,000                 | 4-1   |
| \$1 - \$1,000,000<br>\$1,000,001 - \$5,000,000 | \$1 - \$5,000,000<br>\$5,000,001 - \$25,000,000               |
| \$5,000,001 - \$5,000,000                      | \$5,000,001 - \$25,000,000                                    |
| \$5,000,001 - \$25,000,000                     | \$50,000,001 - \$50,000,000                                   |
| Over \$100,000,000                             | Over \$100,000,000  |
| Decline to Disclose                            | C Decline to Disclose   |
| Not Applicable                                 | O Not Applicable  |
| 1 tot Applicable                               | . ot Applicable   |
| 6. Federal Exemption(sapply)                   | s) and Exclusion(s) Claimed (select all that                  |
| Rule 504(b)(1) (not (i), (ii) or (iii))        | Rule 505  |
| Rule 504 (b)(1)(i)                             | <b>▼</b> Rule 506(b)  |
| Rule 504 (b)(1)(ii)                            | Rule 506(c)   |
| Rule 504 (b)(1)(iii)                           | Securities Act Section 4(a)(5)                                |
|  |   |
| <u></u>  | Investment Company Act Section 3(c)                           |

| 7. Type of Filing   |
|---|
|   |
|   |
| ✓ Amendment   |
|   |
| 3. Duration of Offering   |
| Ooes the Issuer intend this offering to last more than one year?  |
|   |
| 9. Type(s) of Securities Offered (select all that apply)  |
| Pooled Investment Fund  |
| Tenant-in-Common Securities Debt  |
| Mineral Property Securities Option, Warrant or Other Right to Acquire Another Security  |
| Security to be Acquired Upon Exercise of Option, Warrant or Other (describe) Other (describe)   |
| Other Right to Acquire Security   |
|   |
| 10. Business Combination Transaction  |
| s this offering being made in connection with a business combination C Yes No   |
| Clarification of Response (if Necessary)  |
|   |
|   |
|   |
| 11. Minimum Investment  |
| 11. Minimum Investment  dinimum investment accepted from any outside superior used to the state of the state   |
| Ainimum investment accepted from any outside \$\begin{align*} \begin{align*} \begi |
| Ainimum investment accepted from any outside \$ 0 USD  12. Sales Compensation   |
| Ainimum investment accepted from any outside \$\begin{align*} \begin{align*} \begi |
| Ininimum investment accepted from any outside support of the state of   |
| Ainimum investment accepted from any outside suvestor  I. Sales Compensation  Recipient Recipient CRD Number None   |
| Associated) Broker or Dealer None Number None Number None   |
| Ininimum investment accepted from any outside superior   USD    12. Sales Compensation   Recipient CRD Number   None    Associated) Broker or Dealer   None   (Associated) Broker or Dealer CRD   None   None  |
| Associated) Broker or Dealer None Number None Number None   |
| Associated) Broker or Dealer None Number None Number None Street Address 1 Street Address 2   |
| Associated) Broker or Dealer None Number None Number None Street Address 1 Street Address 2   |
| Associated) Broker or Dealer None Number None  Street Address 1  Street Address 2  City State/Province/Country ZIP/Postal Code  |
| Associated) Broker or Dealer None Number None  Street Address 1  Street Address 2  City State/Province/Country ZIP/Postal Code  |
| Associated) Broker or Dealer None Number None  Street Address 1  Street Address 2  City State/Province/Country ZIP/Postal Code  |
| Associated) Broker or Dealer None None Number None Street Address 1 Street Address 2  City State/Province/Country ZIP/Postal Code Nate(s) of Solicitation All States  |
| Associated) Broker or Dealer None None Number None Street Address 1 Street Address 2  City State/Province/Country ZIP/Postal Code Nate(s) of Solicitation All States  |
| Inimum investment accepted from any outside rivestor    Compensation   Compensation   |

Select if securities in the offering have been or may be sold to persons who do not qualify as accredited investors,
Number of such non-accredited investors who already have invested in the offering

Regardless of whether securities in the offering have been or may be sold to persons who do not qualify as accredited investors, enter the total number of investors who already have invested in the offering:

15. Sales Commissions & Finders' Fees Expenses

Total Offering Amount represents the aggregate price of 9,993,000

common shares.

Provide separately the amounts of sales commissions and finders' fees expenses, if any. If the amount of an expenditure is not known, provide an estimate and check the box next to the amount.

| Sales Commissions | \$<br>0 | USD |   | Estimate |
|-------------------|---------|-----|---|----------|
| Finders' Fees     | \$<br>0 | USD | П | Estimate |

Clarification of Response (if Necessary)

## 16. Use of Proceeds

Provide the amount of the gross proceeds of the offering that has been or is proposed to be used for payments to any of the persons required to be named as executive officers, directors or promoters in response to Item 3 above. If the amount is unknown, provide an estimate and check the box next to the amount.

\$ 7000 USD Estimate

Clarification of Response (if Necessary)

Interest due on promissory notes held by certain directors of the Issuer.

## Signature and Submission

Please verify the information you have entered and review the Terms of Submission below before signing and clicking SUBMIT below to file this notice.

## Terms of Submission

In submitting this notice, each Issuer named above is:

- Notifying the SEC and/or each State in which this notice is filed of the offering of securities
  described and undertaking to furnish them, upon written request, the information furnished to
  offerees.
- Irrevocably appointing each of the Secretary of the SEC and, the Securities Administrator or other legally designated officer of the State in which the Issuer maintains its principal place of business and any State in which this notice is filed, as its agents for service of process, and agreeing that these persons may accept service on its behalf, of any notice, process or pleading, and further agreeing that such service may be made by registered or certified mail, in any Federal or state action, administrative proceeding, or arbitration brought against it in any place subject to the jurisdiction of the United States, if the action, proceeding or arbitration (a) arises out of any activity in connection with the offering of securities that is the subject of this notice, and (b) is founded, directly or indirectly, upon the provisions of: (i) the Securities Act of 1933, the Securities Exchange Act of 1934, the Trust Indenture Act of 1939, the Investment Company Act of 1940, or the Investment Advisers Act of 1940, or any rule or regulation under any of these statutes, or (ii) the laws of the State in which the issuer maintains its principal place of business or any State in which
- Certifying that, if the issuer is claiming a Regulation D exemption for the offering, the issuer is not disqualified from relying on Regulation D for one of the reasons stated in Rule 505(b)(2)(iii) or Rule 506(d).

Each Issuer identified above has read this notice, knows the contents to be true, and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

For signature, type in the signer's name or other letters or characters adopted or authorized as the signer's signature.

| Issuer                       | Signature          | Name of Signer | Title                                 | Date       |
|------------------------------|--------------------|----------------|---------------------------------------|------------|
| ProMIS<br>Neurosciences Inc. | /s/ Janet Clennett | Janet Clennett | Director of Finance<br>and Acting CFO | 2016-06-09 |