

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

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		General Partnership
CANADA (FEDERAL LEVEI	<u></u>	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	CET	
City	State/Province/Country ZIP/Po	ostal Code Phone No. of Issuer
TORONTO	ONTARIO, CANADA M4S	3E2 416-847-6898
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	ss 2
Last Name GOLDSTEIN Street Address 1 SUITE 200, 1920 YONGE ST	Street Addre	ss 2 ZIP/Postal Code
Last Name GOLDSTEIN Street Address 1 SUITE 200, 1920 YONGE ST City TORONTO	Street Addre REET State/Province/Country ONTARIO, CANADA	ZIP/Postal Code M4S 3E2
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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: Ex Clarification of Response (if Neces) Last Name ROTH	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: Ex Clarification of Response (if Neces) Last Name ROTH Street Address 1 SUITE 200, 1920 YONGE ST.	Street Addre	ZIP/Postal Code M4S 3E2 Promoter Middle Name MINHO ss 2

□ Director

Promoter

Executive Officer

Clarification of Respo	onse (if Necessary)			
Last Name	First Na	mo	Middle Name	
CASHMAN	NEIL	ne	Wildule Name	
Street Address 1		Street Addre	ess 2	
SUITE 200, 1920	YONGE STREET			
City		ovince/Country	ZIP/Postal Code	
TORONTO		RIO, CANADA	M4S 3E2	
<u>'</u>				
Relationship:	Executive Office	r Directo	r Promoter	
Clarification of Respo	onse (if Necessary)			
1				
Last Name	First Na	First Name Middle Na		
WYMAN	WILLI	AM		
Street Address 1		Street Addre	ess 2	
SUITE 200, 1920	YONGE STREET			
City		ovince/Country	ZIP/Postal Code	
TORONTO	ONTA	RIO, CANADA	M4S 3E2	
D.1.6. 11	E 5 0 00	F 51		
Relationship:	Executive Office	r Directo	r Promoter	
Clarification of Respo	onse (if Necessary)			
Last Name	First Na		Middle Name	
WILLIAMS	EUGEN			
Street Address 1		Street Addre	ess 2	
SUITE 200, 1920			TIDE : 12 -	
City		DIO CANADA	ZIP/Postal Code	
TORONTO	ONTA	RIO, CANADA	M4S 3E2	
Dolotionshin:	Evanution Off	r Directo	у П п	
Relationship:	Executive Office	r Directo	r Promoter	
Clarification of Respo	onse (if Necessary)			
Last Name	First Na		Middle Name	
KIRWIN	PATRI			
Street Address 1	VONCE CERROR	Street Addre	ess 2	
SUITE 200, 1920			ZIDÆ (160)	
City		ovince/Country	ZIP/Postal Code	
TORONTO	ONTA	RIO, CANADA	M4S 3E2	
Dolotionabia	E	n Pinani	F D	
Relationship:	Executive Office	r Directo	r Promoter	
Clarification of Respo	onse (if Necessary)			

Last Name	First Name Middle Name
CLENNETT	JANET
treet Address 1	Street Address 2
SUITE 200, 1920 YONGE STREE	T
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 Computers
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 \$1,000,001 - \$5,000,000	\$1 - \$5,000,000 \$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	Decline to Disclose
Not Applicable	O Not Applicable
110t Applicable	. we applease
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)	☑ 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
New Notice Date of First Sale 2016-08-10 First Sale Yet to Occur
Amendment
8. Duration of Offering
Does the Issuer intend this offering to last more than one year? ${\color{blue} \bullet}_{1$
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 Right to Acquire Other (describe)
Security
10. Business Combination Transaction
Is this offering being made in connection with a business combination transaction, such as a merger, acquisition or exchange offer?
Clarification of Response (if Necessary)
11. Minimum Investment
11. Minimum Investment Minimum investment accepted from any outside investor USD
Minimum investment accepted from any outside S 0 USD
Minimum investment accepted from any outside S 0 USD
Minimum investment accepted from any outside investor USD
Minimum investment accepted from any outside investor 12. Sales Compensation Recipient Recipient CRD Number None
Minimum investment accepted from any outside investor 12. Sales Compensation
Minimum investment accepted from any outside investor 12. Sales Compensation Recipient Recipient CRD Number None (Associated) Broker or Dealer None
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Minimum investment accepted from any outside investor 12. Sales Compensation Recipient Recipient CRD Number None (Associated) Broker or Dealer None Number Street Address 1 Street Address 2 City State/Province/Country ZIP/Postal Code State(s) of Solicitation

Total Offering Amount equals the price of units (1,546,111 units @ C\$0.135), plus the aggregate exercise price of warrants forming part of the units (386,529 warrants @ C\$0.20), converted to US\$.

14. Investors
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
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 \$ 0 USD Estimate
Finders' Fees \$ 0 USD 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.
S USD Estimate
Clarification of Response (if Necessary)
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 this notice is filed.
- 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 Neurosciences Inc.	/s/ Janet Clennett	Janet Clennett	Director Finance, Acting CFO	2016-08-23