



**In re Asia Pulp & Paper Securities Litigation
 c/o Analytics Incorporated
 Claims Administrator
 Post Office Box 2002
 Chanhassen, MN 55317-2002**

**Complete and Sign this
 Form and Return
 Postmarked No Later Than
 March 6, 2006.**

PROOF OF CLAIM AND RELEASE

WRITE ANY NAME AND ADDRESS CORRECTIONS BELOW OR IF THERE IS NO PREPRINTED DATA TO THE LEFT, YOU MUST PROVIDE THE NAME AND ADDRESS OF THE BENEFICIAL OWNER(S) HERE:

Name:
Address:
City:
State/Country and Zip Code:

PLEASE COMPLETE THE FOLLOWING:	
Telephone Number (Day)	Telephone Number (Night)
Taxpayer ID or Social Security Number	
Check One:	
<input type="checkbox"/> Individual	<input type="checkbox"/> Corporation
<input type="checkbox"/> Estate	<input type="checkbox"/> Other _____ (Specify)
<input type="checkbox"/> Joint Owners	<input type="checkbox"/> IRA

If you purchased or otherwise acquired the securities identified herein (the "APP Instruments") of Asia Pulp & Paper Co., Ltd. ("APP") and its subsidiaries during the period between August 28, 1998 and April 4, 2001, inclusive (the "Class Period"), you are a "Class Member" and you may be entitled to share in the settlement proceeds. Excluded from the Class are (A) APP, its subsidiaries and affiliates, and its officers and directors, and members of their immediate families, the Defendants, members of the immediate families of each of the Defendants, any entities in which any of the Defendants have a controlling interest, and the legal representatives, heirs, successors, predecessors in interest, affiliates or assigns of any of the Defendants; (B) any putative Class Members who exclude themselves by filing a request for exclusion in accordance with the requirements set forth below; and (C) any purchaser of any APP Instrument who is entitled to and has tendered the relevant APP Instrument into the relevant Exchange Offer and is entitled to receive Restructuring Consideration in respect thereof in accordance with the terms of the Exchange Offer, but such person(s) is (are) excluded only with respect to each relevant APP Instrument that was tendered and for which Restructuring Consideration is available in accordance with the terms of the relevant Exchange Offer and is not excluded with respect to any other APP Instrument purchased during the Class Period.

If you are a Class Member, you must complete and submit this form in order to be eligible for any settlement benefits.

You must complete and sign this Proof of Claim and mail it by first class mail, postmarked no later than March 6, 2006 to the following address:

**In re Asia Pulp & Paper Securities Litigation
 c/o Analytics Incorporated, Claims Administrator
 Post Office Box 2002
 Chanhassen, MN 55317-2002**

Your failure to submit your claim by March 6, 2006 will subject your claim to rejection and preclude your receiving any money in connection with the settlement of this litigation. Do not mail or deliver your Proof of Claim to the Court or to any of the Parties or their counsel as any such claim will be deemed not to have been submitted. Submit your claim only to the Claims Administrator.



STATEMENT OF CLAIM

1. I purchased APP Instruments during the period between August 28, 1998 and April 4, 2001, inclusive. (Do not submit this Proof of Claim if you did not purchase APP Instruments during this period).
2. By submitting this Proof of Claim, I state that I believe in good faith that I am a Class Member as defined above and in the Notice of Pendency of Class Action and Proposed Settlement, Motion for Attorneys' Fees and Settlement Fairness Hearing (the "Notice"), or am acting for such person; that I am not a Defendant in the Action or anyone excluded from the Class; that I have read and understand the Notice; that I believe that I am entitled to receive a share of the Net Settlement Fund; that I elect to participate in the proposed Settlement described in the Notice; and that I have not filed a request for exclusion. (If you are acting in a representative capacity on behalf of a Class Member (e.g., as an executor, administrator, trustee, or other representative), you must submit evidence of your current authority to act on behalf of that Class Member. Such evidence would include, for example, letters testamentary, letters of administration, or a copy of the trust documents.)
3. I consent to the jurisdiction of the Court with respect to all questions concerning the validity of this Proof of Claim. I understand and agree that my claim may be subject to investigation and discovery under the Federal Rules of Civil Procedure, provided that such investigation and discovery shall be limited to my status as a Class Member and the validity and amount of my claim.
4. I have set forth where requested below all relevant information with respect to each purchase and sale of APP Instruments I made during the Class Period. I agree to furnish additional information (including transactions in other related securities) to the Claims Administrator to support this claim if requested to do so.
5. I have enclosed photocopies of the stockbroker's confirmation slips, stockbroker's statements, relevant portions of my tax returns or other documents evidencing each purchase, sale or retention of all APP Instruments listed below in support of my claim. (IF ANY SUCH DOCUMENTS ARE NOT IN YOUR POSSESSION, PLEASE OBTAIN A COPY OR EQUIVALENT DOCUMENTS FROM YOUR BROKER OR TAX ADVISOR BECAUSE THESE DOCUMENTS ARE NECESSARY TO PROVE AND PROCESS YOUR CLAIM.)
6. I understand that the information contained in this Proof of Claim is subject to such verification as the Claims Administrator may request or as the Court may direct, and I agree to cooperate in any such verification. (The information requested herein is designed to provide the minimum amount of information necessary to process most simple claims. The Claims Administrator may request additional information as required to efficiently and reliably calculate your Recognized Claim. In some cases the Claims Administrator may condition acceptance of the claim based upon the production of additional information, including, where applicable, information concerning transactions in any derivatives of the subject securities such as options.)
7. Upon the occurrence of the Effective Date of Settlement (as defined in the Notice) my signature hereto will constitute a full and complete release, remise and discharge by me and my heirs, executors, administrators, predecessors, successors, and assigns (or, if I am submitting this Proof of Claim on behalf of a corporation, a partnership, estate or one or more other persons, by it, him, her or them, and by its, his, her or their heirs, executors, administrators, predecessors, successors, and assigns) of each of the "Released Parties" of all "Settled Claims," as defined in the Notice (which is identical to the definition in the Stipulation).
8. NOTICE REGARDING ELECTRONIC FILES: Certain claimants with large numbers of transactions may request, or may be requested, to submit information regarding their transactions in electronic files. All Claimants MUST submit a manually signed paper Proof of Claim form listing all their transactions whether or not they also submit electronic copies. If you wish to file your claim electronically, you must contact the Claims Administrator at 1-(866) 314-5805 or visit their website at www.appsecuritieslitigation.com to obtain the required file layout. No electronic files will be considered to have been properly submitted unless the Claims Administrator issues to the Claimant a written acknowledgment of receipt and acceptance of electronically submitted data.



APP ADS SHARES AND PREFERRED SHARES:

CODE LETTER

INSTRUMENT

A	American Depository Shares ("ADSs") of APP
B	APP Finance (II) Mauritius Limited 12% Guaranteed Preference Shares
C	APP Finance (III) Mauritius Limited Preference Shares
D	APP Finance (IV) Mauritius Limited Preference Shares
E	APP Finance (V) Mauritius Limited Preference Shares
F	APP Finance (I) Cayman Ltd. Preference Shares

At the close of business on **August 27, 1998**, I owned (fill in number of shares on appropriate lines):

Number of Securities Held

A	<input type="text"/>	American Depository Shares ("ADSs") of APP
B	<input type="text"/>	APP Finance (II) Mauritius Limited 12% Guaranteed Preference Shares
C	<input type="text"/>	APP Finance (III) Mauritius Limited Preference Shares
D	<input type="text"/>	APP Finance (IV) Mauritius Limited Preference Shares
E	<input type="text"/>	APP Finance (V) Mauritius Limited Preference Shares
F	<input type="text"/>	APP Finance (I) Cayman Ltd. Preference Shares

I made the following purchases and acquisitions of APP ADSs and/or Preferred Shares during the period between **August 28, 1998** and **April 4, 2001**, inclusive:

Code Letter	Date(s) of Purchase (List Chronologically) (Month/Day/Year)	Number of Shares Purchased	Purchase Price Per Share	Aggregate Cost (including commissions, taxes, and fees)	Check Here If Documentation Is Enclosed
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

I made the following sales of APP ADSs and/or Preferred Shares during the period between **August 28, 1998** and **April 4, 2001**, inclusive:

Code Letter	Date(s) of Sale (List Chronologically) (Month/Day/Year)	Number of Shares Sold	Sales Price Per Share	Amount Received (net of commissions, taxes, and fees)	Check Here If Documentation Is Enclosed
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

At the close of business on **April 4, 2001**, I owned:

Number of Securities Held

A	<input type="text"/>	American Depository Shares ("ADSs") of APP
B	<input type="text"/>	APP Finance (II) Mauritius Limited 12% Guaranteed Preference Shares
C	<input type="text"/>	APP Finance (III) Mauritius Limited Preference Shares
D	<input type="text"/>	APP Finance (IV) Mauritius Limited Preference Shares
E	<input type="text"/>	APP Finance (V) Mauritius Limited Preference Shares
F	<input type="text"/>	APP Finance (I) Cayman Ltd. Preference Shares

IF YOU NEED ADDITIONAL SPACE TO LIST YOUR TRANSACTIONS PHOTOCOPY THIS PAGE



OTHER APP INSTRUMENTS:

<u>CODE LETTER</u>	<u>INSTRUMENT</u>
G	APP International Finance (Mauritius) Limited Guaranteed Global Medium Term Notes (DB Trustees (Hong Kong) Limited (formerly BT Trustees (Hong Kong) Limited as trustee)
H	APP International Finance Company B.V. 10.25% Guaranteed Secured Notes due 2000
I	APP International Finance Company BV Guaranteed Asian Currency Notes (DB Trustees (Hong Kong) Limited (formerly BT Trustees (Hong Kong) Limited as trustee)
J	APP Global Finance Limited Secured Floating Rate Notes due 2001
K	APP Global Finance (III) Cayman Limited Secured Floating Rate Notes due December 2001
L	APP Global Finance (III) Cayman Limited Secured Floating Rate Notes due 2002
M	APP Finance (VII) Mauritius Limited 3.5% Guaranteed Convertible Notes due April 2003
N	APP International Finance Company BV 11.75% Guaranteed Secured Notes due 2005
O	APP Finance (VI) Mauritius Ltd. 10.875% Liquid Yield Option Notes (LYONs) due 2012
P	APP Finance (IX) Limited Guaranteed Senior Unsecured Floating Rate Notes due October 2001
Q	APP Finance (IX) Limited Secured Floating Rate Notes due October 2001
R	PT Indah Kiat Pulp & Paper Corporation 8.875% Senior Secured Notes due 2000
S	Indah Kiat International Finance Company B.V. Japanese Yen Bonds First Series (1996)
T	Indah Kiat International Finance Company B.V. 11.375% Guaranteed Secured Notes due 1999
U	Indah Kiat International Finance Company B.V. 11.875% Guaranteed Secured Notes due 2002
V	Indah Kiat International Finance Company B.V. 12.5% Guaranteed Secured Notes due 2006
W	Indah Kiat Finance Mauritius Limited 10% Guaranteed Senior Notes due 2007
X	Indah Kiat Finance (IV) Mauritius Limited 15% Guaranteed Senior Notes due 2002
Y	Indah Kiat Finance (III) Limited 11.75% Guaranteed Senior Notes due March, July and August 2005
Z	Tjiwi Kimia International Finance Company B.V. 13.25% Guaranteed Senior Notes due 2001
AA	Tjiwi Kimia Finance Mauritius Limited 10% Guaranteed Senior Notes due 2004
BB	Pindo Deli Finance Mauritius Limited 10.25% Guaranteed Senior Notes due 2002
CC	Pindo Deli Finance Mauritius Limited 10.75% Guaranteed Senior Notes due 2007
DD	Pindo Deli Finance Mauritius Limited 11.75% Guaranteed Senior Debentures due 2017
EE	Pindo Deli Finance Mauritius Limited 10.875% Guaranteed Senior Debentures due 2027
FF	APP China Group Limited 14% Guaranteed Senior Discount Notes due 2010

At the close of business on **August 27, 1998**, I owned the following APP Instruments in the principal amounts indicated:

Type of APP Instrument (Code Letter)	Principal Amount	Check Here If Documentation Is Enclosed
<input type="checkbox"/>	\$ <input type="text"/>	<input type="checkbox"/>
<input type="checkbox"/>	\$ <input type="text"/>	<input type="checkbox"/>

I made the following purchases and acquisitions of APP Instruments during the period between **August 28, 1998** and **April 4, 2001**, inclusive:

Code Letter	Date(s) of Purchase (List Chronologically) (Month/Day/Year)	Principal Amount	Aggregate Cost (including commissions, taxes, and fees)	Check Here If Documentation Is Enclosed
<input type="checkbox"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="checkbox"/>

I made the following sales of APP Instruments during the period between **August 28, 1998** and **April 4, 2001**, inclusive:

Code Letter	Date(s) of Sale (List Chronologically) (Month/Day/Year)	Principal Amount	Amount Received (net of commissions, taxes, and fees)	Check Here If Documentation Is Enclosed
<input type="checkbox"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="checkbox"/>

At the close of business on **April 4, 2001**, I owned the following APP Instruments in the principal amounts indicated:

Type of APP Instrument (Code Letter)	Principal Amount	Check Here If Documentation Is Enclosed
<input type="checkbox"/>	\$ <input type="text"/>	<input type="checkbox"/>
<input type="checkbox"/>	\$ <input type="text"/>	<input type="checkbox"/>

IF YOU NEED ADDITIONAL SPACE TO LIST YOUR TRANSACTIONS PHOTOCOPY THIS PAGE



Substitute Form W-9

Request for Taxpayer Identification Number:

Enter taxpayer identification number below for the Beneficial Owner(s). For most individuals, this is your Social Security Number. The Internal Revenue Service ("I.R.S.") requires such taxpayer identification number. If you fail to provide this information, your claim may be rejected.

Social Security Number (for individuals)

or

Taxpayer Identification Number
(for estates, trusts, corporations, etc.)

Certification

I (We) certify that I am (we are) NOT subject to backup withholding under the provisions of Section 3406 (a)(1)(c) of the Internal Revenue Code because: (a) I am (We are) exempt from backup withholding, or (b) I (We) have not been notified by the I.R.S. that I am (we are) subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the I.R.S. has notified me (us) that I am (we are) no longer subject to backup withholding.

NOTE: If you have been notified by the I.R.S. that you are subject to backup withholding, please strike out the language that you are not subject to backup withholding in the certification above.

UNDER THE PENALTIES OF PERJURY, I (WE) CERTIFY THAT ALL OF THE INFORMATION PROVIDED ON THIS FORM IS TRUE, CORRECT AND COMPLETE.

Signature of Claimant (If this claim is being made on behalf of Joint Claimants, then each must sign)

_____ (Signature)

_____ (Signature)

(Capacity of person(s) signing, e.g. beneficial purchaser(s), executor, administrator, trustee, etc.)

Date: _____

Check here if proof of authority to file is enclosed.
(See Item 2 on Page 2 for instructions)

THIS PROOF OF CLAIM MUST BE SUBMITTED NO LATER THAN MARCH 6, 2006, AND MUST BE MAILED TO:

**In re Asia Pulp & Paper Securities Litigation
c/o Analytics Incorporated
Claims Administrator
Post Office Box 2002
Chanhassen, MN 55317-2002**

A Proof of Claim received by the Claims Administrator shall be deemed to have been submitted when posted, if mailed by March 6, 2006, and if a postmark is indicated on the envelope and it is mailed first class, and addressed in accordance with the above instructions. In all other cases, a Proof of Claim shall be deemed to have been submitted when actually received by the Claims Administrator.

You should be aware that it will take a significant amount of time to process fully all of the Proofs of Claim and to administer the Settlement. This work will be completed as promptly as time permits, given the need to investigate and tabulate each Proof of Claim. Please notify the Claims Administrator of any change of address.



REMINDER CHECKLIST

- Please be sure to sign this Proof of Claim on page 5. If this Proof of Claim is submitted on behalf of joint claimants, then both claimants must sign.
- Please remember to attach supporting documents. Do NOT send any stock certificates. Keep copies of everything you submit.
- Do NOT use highlighter on the Proof of Claim or any supporting documents.
- If you move after submitting this Proof of Claim please notify the Claims Administrator of the change in your address.

NOTE: RECEIPT ACKNOWLEDGMENT NEEDED

The Claims Administrator will send a written confirmation of its receipt of your Proof of Claim. Do not assume your claim is submitted until you receive written confirmation of its receipt. Your claim is not deemed fully filed until the Claims Administrator sends you written confirmation of its receipt of your Proof of Claim. If you do not receive an acknowledgement postcard within thirty (30) days of your mailing the Proof of Claim, then please call the Claims Administrator toll free at 1-(866) 314-5805.