## FORM 72-503F REPORT OF DISTRIBUTIONS OUTSIDE CANADA

### 1. <u>Full name, address and telephone number of the Issuer.</u>

a) Full name of iss	uer						
Western Uranium & Vanadium Corp. (formerly Western Uranium Corporation)							
b) Head office add	ress						
Street address	330 Bay St., Suite 1400	Province/State	Ontario				
Municipality	Toronto	Postal code/Zip code	M5H 2S8				
Country	Canada	Telephone number	1 (908) 872-7686				
c) Full legal name(	s) of co-issuer(s) (if applicable)						

# 2. <u>Type of security, the aggregate number or amount distributed and the aggregate purchase price.</u>

#### Types of security distributed

Provide the following information for all distributions of securities relying on an exemption from section 2.3 or 2.4 of the Rule on a per security basis. Refer to the Instructions for how to indicate the security code. If providing the CUSIP number, indicate the full 9-digit CUSIP number assigned to the security being distributed.

					Canadi	an \$
Convertible /	CUSIP		Number of	Single or	Lighost	
exchangeable	number (if	Description of security	securities	lowest	Highest	Total amount
security code	applicable)		securities	price	price	
CMS	95985D100		4,139,119.0000	\$1.3200	\$1.3200	\$5,463,637.0800

#### Details of rights and convertible/exchangeable securities

If any rights (e.g. warrants, options) were distributed, provide the exercise price and expiry date for each right. If any convertible/exchangeable securities were distributed, provide the conversion ratio and describe any other terms for each convertible/exchangeable security.

Security code	Underlying security	Exercis (Canad	•	Expiry date (YYYY-MM-DD)	Conversion ratio	Describe other terms (if applicable)
code	code Lowest Highe		Highest			арріїсавіе)
WNT	CMS	\$1.7800	\$1.7800	2028-11-20	1:1	4,139,119 warrants exercisa ble for common shares of t he issuer

#### 3. Date of distribution(s).

Distribution date
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State the distribution start and end dates. If the report is being filed for securities distributed on only one distribution date, provide the distribution date as both the start and end dates. If the report is being filed for securities distributed on a continuous basis, include the start and end dates for the distribution period covered by the report.

 Start date
 2024
 11
 15
 End date
 2024
 11
 20

 YYYY
 MM
 DD
 YYYY
 MM
 DD

4. State the name and address of any person acting as dealer or underwriter (including an underwriter that is acting as agent) in connection with the distribution(s) of the securities.

Dealer or underwriter information						
				1		
Full legal name	AGP Canada Investments ULC					
Street address	100-5063 North Service Rd					
Municipality	Burlington	Province/State	Ontario			
Country	Canada	Postal code/Zip code	L7L 5H6			
Telephone number	+1 (416) 274-5884	Website		(if applicable)		

#### 5. <u>Certification</u>

#### Certification

Provide the following certification and business contact information of an officer, director or agent of the issuer. If the issuer is not a company, an individual who performs functions similar to that of a director or officer may certify the report. For example, if the issuer is a trust, the report may be certified by the issuer's trustee. If the issuer is an investment fund, a director or officer of the investment fund manager (or, if the investment fund manager is not a company, an individual who performs similar functions) may certify the report if the director or officer has been authorized to do so by the investment fund.

The certification may be delegated, but only to an agent that has been authorized by an officer or director of the issuer to prepare and certify the report on behalf of the issuer. If the report is being certified by an agent on behalf of the issuer, provide the applicable information for the agent in the boxes below.

The signature on the report must be in typed form rather than handwritten form. The report may include an electronic signature provided the name of the signatory is also in typed form.

Securities legislation requires an issuer that makes a distribution of securities under certain prospectus exemptions to file a completed report of exempt distribution.

By completing the information below, I certify, on behalf of the issuer/investment fund manager, to the securities regulatory authority or regulator, as applicable, that I have reviewed this report and to my knowledge, having exercised reasonable diligence, the information provided in this report is true and, to the extent required, complete.

Name of Issuer/ investment						
fund manager/agent	Western Uranium & Vanadium Corp.					
E 111		T				
Full legal name	KLEIN Robert					
	Family name	First given name	Secondary given names			
Title	CFO					
		<u></u>				
Telephone number	1 (908) 872-7686	Email address rkle	in@western-uranium.com			
Signature	Robert Klein	Date 202	24 11 21			
		YY	YY MM DD			