## LEXINGTON GOLD LTD.

(incorporated and registered in Bermuda)

## Exempt Company Number 33385

## **PROXY FORM**

## IF YOU ARE A DEPOSITARY INTEREST HOLDER YOU SHOULD USE A FORM OF INSTRUCTION TO VOTE

To be valid this Proxy Form should be submitted by 10.00 a.m. (UK time) on Friday, 1 March 2024 to Computershare Investor Services PLC, The Pavilions, Bridgwater Road, Bristol BS99 6ZY, United Kingdom or submitted by email to: <u>#UKCSBRSProxy.Processing@computershare.co.uk</u>.

I/We						
of _						
being a share	holder(s) of Lexington Gold Ltd	I. (the " <b>Company</b> ") and	entitled to	shares in the Company		
hereby appoir	nt					
of _						
or failing him/	her					
of _						
or failing him at Clarendon respect of	House, 2 Church Street, Ha	ting as my/our proxy to milton, Bermuda HM1 <sup>2</sup> of my/our shares or, fa	1 on Monday, 4 N	larch 2024 at 10.00	a.m. (Bermudan	neral Meeting of the Company to be h time), and at any adjournment thereo s in the Company.
	s are appointed, the proportio Computershare Investor Serv	proxy is authorise	ed to exercise is %. (An additi		ional Proxy Form will be supplied by the	
	indicate how your proxy is to /her discretion.	vote, please tick the ap	opropriate boxes l	below. If no indication	n is given on a pa	rticular Resolution, the proxy may abst
In relation to	undirected proxies, the Chain	man of the Meeting inte	ends to vote in fav	our of all the Resolu	itions.	
I/We direct m	ny/our proxy to vote as indicat	ed below.				
Resolution				For	Against	Abstain
1.	Re-election of Ms. Meliss	a J. Sturgess				
2.	Re-election of Mr. Rhoder	rick G.J. Grivas				
3.	Re-appointment of Audito	r				
4.	Disapplication of pre-emption rights and authority to issue new Common Shares for non-cash and cash consideration (general authorities)					
As witnessed	by my/our hand/s this	day of	2024			
If an individu SIGNED by	ıal:		) )	in the presence of	t	
Name (Printed)				Witness		Name (Printed)
If a company	<i>r</i> :					
EXECUTED by in accordance with its constitution		) ) )	Director		Director/Secretary	
If by power c	st attornou:			Name (Printed)		Name (Printed)
•••	•		)			
SIGNED for and on behalf of)   by)			)	Signature of Attorney		
) under a Power of Attorney dated and who ) declares that he/she has not received any revocation of such Power ) of Attorney in the presence of				Signature of Witness		