

PROOF OF CLAIM AND RELEASE FORM

VNET Securities Settlement
c/o Strategic Claims Services
600 N. Jackson St., Suite 205
Media, PA 19063

Toll-Free Number: (866) 274-4004
Email: info@strategicclaims.net
Website: www.strategicclaims.net/VNET/

CONTENTS

02	GENERAL INSTRUCTIONS
04	PART I. CLAIMANT INFORMATION
05	PART II. SCHEDULE OF TRANSACTIONS IN VNET ADSs
06	PART III. SUBMISSION TO JURISDICTION OF COURT AND ACKNOWLEDGMENTS

A. GENERAL INSTRUCTIONS

1. To recover as a member of the Settlement Class based on your claims in the class action entitled *In Re VNET Group, Inc. Securities Litigation*, Case No. 1:23-cv-11187-DEH (S.D.N.Y.) (the “Litigation”), you must complete and, on page 6 below, sign this Proof of Claim and Release form (“Claim Form”). If you fail to submit a timely (as explained in paragraph 3 below) Claim Form, your claim may be rejected and you may not receive any recovery from the Net Settlement Fund created in connection with the proposed Settlement.

2. Submission of this Claim Form, however, does not assure that you will share in the proceeds of the Settlement of the Action.

3. THIS CLAIM FORM MUST BE SUBMITTED ONLINE AT WWW.STRATEGICCLAIMS.NET/VNET/ NO LATER THAN 11:59 P.M. ET ON AUGUST 20, 2026 OR, IF MAILED, BE POSTMARKED OR RECEIVED NO LATER THAN AUGUST 20, 2026, ADDRESSED AS FOLLOWS:

VNET Securities Settlement
c/o Strategic Claims Services
600 N. Jackson St., Suite 205
Media, PA 19063
Fax: (610) 565-7985
info@strategicclaims.net

4. If you are a member of the Settlement Class, and you do not timely request exclusion from the Settlement Class in response to the Notice, received no later than August 6, 2026, you are bound by the terms of any judgment entered in the Action, including the releases provided therein, **WHETHER OR NOT YOU SUBMIT A CLAIM FORM OR RECEIVE A PAYMENT. RECEIPT OF THIS CLAIM FORM DOES NOT MEAN YOU ARE A MEMBER OF THE SETTLEMENT CLASS.**

B. CLAIMANT IDENTIFICATION

1. You are eligible to file a claim, or have a legal representative file a claim for you, if you are a member of the Settlement Class, which is: all persons and entities that purchased or otherwise acquired VNET Group, Inc. (“VNET”) American Depositary Shares (“ADSs”) between March 23, 2022 and February 17, 2023, both dates inclusive (“Class Period”). Excluded from the Settlement Class are Defendants, any former or current officer or director of VNET, any entity in which any of the above has or had a 10% or greater interest, and any affiliates, family members, legal representatives, heirs, successors, or assigns of any of the persons or entities described in this sentence. Any persons or entities which exclude themselves by submitting a timely and valid request for exclusion that is accepted by the Court are also excluded.

2. If you purchased or otherwise acquired VNET ADSs in your name, you were the record owner as well as the beneficial owner. However, if you purchased or otherwise acquired VNET ADSs through a third party, such as a brokerage firm, you were the beneficial owner and the third party was the record owner.

3. Use **Part I** of this form entitled “Claimant Information” to identify each beneficial owner of VNET ADSs whose ownership forms the basis of this claim. **THIS CLAIM MUST BE FILED BY THE ACTUAL BENEFICIAL OWNER(S) OR THE LEGAL REPRESENTATIVE OF SUCH OWNER(S).** All joint owners must sign this claim.

4. Executors, administrators, guardians, conservators, custodians, trustees, and legal representatives must complete and sign this Claim Form on behalf of persons represented by them and their authority must accompany this claim and their titles or capacities must be stated. The Social Security (or taxpayer identification) number and telephone number of the beneficial owner may be used in verifying the claim. Failure to provide the foregoing information could delay verification of the claim or result in rejection of the claim.

C. IDENTIFICATION OF TRANSACTIONS

1. Use **Part II** of this form entitled “Schedule of Transactions in VNET ADSs” to supply all required details of your transaction(s) in VNET ADSs. If you need more space or additional schedules, attach separate sheets giving all of the required information in substantially the same form. Sign and print or type your name on each additional sheet.

2. On the schedules, provide all of the requested information with respect to: (i) your holdings of VNET ADSs at the relevant times; and (ii) all of your purchases, acquisitions, and sales of VNET ADSs at the relevant times, whether such transactions resulted in a profit or a loss. Failure to report all such transactions may result in the rejection of your claim.

3. Copies of broker confirmations or other documentation of your transactions in VNET ADSs must be attached to your claim. Failure to provide this documentation could delay verification of your claim or result in rejection of your claim. **THE CLAIMS ADMINISTRATOR DOES NOT HAVE INFORMATION ABOUT YOUR TRANSACTIONS IN VNET ADSs.**

4. **NOTICE REGARDING INSTITUTIONAL FILERS:** Representatives with authority to file on behalf of (a) accounts of multiple Settlement Class Members and/or (b) institutional accounts with large numbers of transactions (“Representative Filers”) must submit information regarding their transactions in an electronic spreadsheet format. If you are a Representative Filer, you must contact the Claims Administrator at efile@strategicclaims.net or visit their website at www.strategicclaims.net/VNET/ to obtain the required file layout. Claims which are not submitted in electronic spreadsheet format and in accordance with the Claims Administrator’s instructions may be subject to rejection. All Representative Filers **MUST** also submit a manually signed Claim Form, as well as proof of authority to file (see Item B.4 above), along with the electronic spreadsheet format. No claims submitted in electronic spreadsheet format 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.

5. **NOTICE REGARDING ONLINE FILING:** Claimants who are not Representative Filers may submit their claims online using the electronic version of the Claim Form hosted at www.strategicclaims.net/VNET/. If you are not acting as a Representative Filer, you do not need to contact the Claims Administrator prior to filing; you will receive an automated e-mail confirming receipt once your Proof of Claim and Release Form has been submitted. If you are unsure if you should submit your claim as a Representative Filer, please contact the Claims Administrator at info@strategicclaims.net or (866) 274-4004. If you are not a Representative Filer, but your claim contains a large number of transactions, the Claims Administrator may request that you also submit an electronic spreadsheet showing your transactions to accompany your Claim Form.

PART I – CLAIMANT INFORMATION

The Claims Administrator will use this information for all communications regarding this Claim Form. If this information changes, you **MUST** notify the Claims Administrator in writing at the address above. Complete names of all persons and entities must be provided.

Name (Beneficial Owner)

Name (Co-Beneficial Owner)

Entity Name (if Beneficial Owner is not an individual)

Representative or Custodian Name (if different from Beneficial Owner(s) listed above)

Street Address 1

Street Address 2

City

State

Zip Code

Foreign Province

Foreign Postal Code

Foreign Country Name/Abbreviation

Telephone Number (Home)

Telephone Number (Work)

Email Address

Account Number (if filing for multiple accounts, file a separate Claim Form for each account)

Social Security Number (Last 4 digits)

OR

Taxpayer Identification Number (Last 4 digits)

Claimant Account Type (check appropriate box):

☐ Individual (includes joint owner accounts) ☐ Corporation ☐ Pension Plan☐ IRA/401k ☐ Estate ☐ Trust☐ Other (please specify): _____

PART II – SCHEDULE OF TRANSACTIONS IN VNET ADSs

1. HOLDINGS OF VNET ADSs AS OF THE CLOSE OF TRADING ON MARCH 22, 2022 – State the total number of VNET ADSs held as of the close of trading on March 22, 2022. (Must be documented.) If none, write “zero” or “0.” 				Confirm Proof of Position Enclosed ☐
2. PURCHASES/ACQUISITIONS OF VNET ADSs DURING THE PERIOD FROM MARCH 23, 2022 THROUGH AND INCLUDING MAY 18, 2023 – Separately list each and every purchase/acquisition (including free receipts) of VNET ADSs from the opening of trading on March 23, 2022 through and including the close of trading on May 18, 2023. ¹ (Must be documented.)				
Date of Purchase / Acquisition (List Chronologically) (Month/Day/Year)	Number of ADSs Purchased / Acquired	Purchase / Acquisition Price Per ADS	Total Purchase / Acquisition Price (excluding taxes, commissions, and fees)	Confirm Proof of Purchase Enclosed
/ /			\$	☐
/ /			\$	☐
/ /			\$	☐
/ /			\$	☐
3. SALES OF VNET ADSs DURING THE PERIOD FROM MARCH 23, 2022 THROUGH AND INCLUDING MAY 18, 2023 – Separately list each and every sale/disposition (including free deliveries) of VNET ADSs from the opening of trading on March 23, 2022 through and including the close of trading on May 18, 2023. (Must be documented.)				IF NONE, CHECK HERE ☐
Date of Sale (List Chronologically) (Month/Day/Year)	Number of ADSs Sold	Sale Price Per ADS	Total Sale Price (excluding taxes, commissions, and fees)	Confirm Proof of Sale Enclosed
/ /			\$	☐
/ /			\$	☐
/ /			\$	☐
/ /			\$	☐
4. HOLDINGS OF VNET ADSs AS OF THE CLOSE OF TRADING ON MAY 18, 2023 – State the total number of VNET ADSs held as of the close of trading on May 18, 2023. (Must be documented.) If none, write “zero” or “0.” 				Confirm Proof of Position Enclosed ☐
IF YOU NEED ADDITIONAL SPACE TO LIST YOUR TRANSACTIONS, PLEASE PHOTOCOPY THIS PAGE, WRITE YOUR NAME AND SOCIAL SECURITY/TAXPAYER IDENTIFICATION NUMBER ON EACH ADDITIONAL PAGE, AND CHECK THIS BOX: ☐				

¹ Please note: Only VNET ADSs acquired during the Class Period (*i.e.*, from March 23, 2022 through February 17, 2023, inclusive) are eligible under the Settlement. However, because the PSLRA provides for a “90-Day Lookback Period” (described in the Plan of Allocation set forth in the Notice), you must provide documentation related to your purchases and sales of VNET ADSs through May 18, 2023 in order for the Claims Administrator to calculate your Recognized Loss under the Plan of Allocation and process your claim.

PART III – SUBMISSION TO JURISDICTION OF COURT AND ACKNOWLEDGMENTS**YOU MUST READ AND SIGN THE RELEASE BELOW. FAILURE TO SIGN MAY RESULT IN A DELAY IN PROCESSING OR THE REJECTION OF YOUR CLAIM.**

1. I (We) submit this Claim Form under the terms of the Stipulation and Agreement of Settlement, dated April 3, 2026 (the “Stipulation”). I (We) also submit to the jurisdiction of the United States District Court for the Southern District of New York, with respect to my (our) claim as a Settlement Class Member(s) and for purposes of enforcing the release set forth herein. I (We) further acknowledge that I am (we are) bound by and subject to the terms of any judgment that may be entered in the Action. I (We) agree to furnish additional information to the Claims Administrator to support this claim (including transactions in other VNET securities) if requested to do so. I (We) have not submitted any other claim in the Action covering the same transactions in VNET ADSs during the relevant periods and know of no other person having done so on my (our) behalf.

2. I (We) hereby warrant and represent that I am (we are) a Settlement Class Member(s) as defined above, and that I am (we are) not excluded from the Settlement Class.

3. I (We) hereby acknowledge full and complete satisfaction of, and do hereby fully, finally, and forever settle, release, and discharge from the Released Plaintiffs’ Claims each and all of the Released Defendant Parties, both as defined in the Stipulation. This release shall be of no force or effect unless and until the Court approves the Settlement and the Settlement becomes effective on the Effective Date (as defined in the Stipulation).

4. I (We) hereby warrant and represent that I (we) have not assigned or transferred or purported to assign or transfer, voluntarily or involuntarily, any matter released pursuant to this release or any other part or portion thereof.

5. I (We) hereby warrant and represent that I (we) have included the information requested about all of my (our) transactions in VNET ADSs which are the subject of this claim, as well as the opening and closing positions in such securities held by me (us) on the dates requested in this Claim Form.

6. 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. (Note: If you have been notified by the Internal Revenue Service that you are subject to backup withholding, please strike out the prior sentence.)

I (We) declare under penalty of perjury under the laws of the United States of America that all of the foregoing information supplied on this Claim Form by the undersigned is true and correct.

Executed this _____ day of _____, in _____, _____.
(Month/Year) (City) (State/Country)

Signature of Claimant

Signature of Joint Claimant, if any

Print Name of Claimant

Print Name of Joint Claimant, if any

(Capacity of person(s) signing, e.g., Beneficial Owner, Executor or Administrator)

**ACCURATE CLAIMS PROCESSING TAKES
A SIGNIFICANT AMOUNT OF TIME.
THANK YOU FOR YOUR PATIENCE.**

REMINDER CHECKLIST



1. Please sign the above release and acknowledgement.
2. If this claim is being made on behalf of Joint Claimants, then both must sign.

3. Remember to attach copies of supporting documentation, if available.



4. **Do not send** originals of certificates
5. Keep a copy of your Claim Form and all supporting documentation for your records.
6. If you desire an acknowledgment of receipt of your Claim Form, please send it Certified Mail, Return Receipt Requested.
7. If you move, please send your new address to:



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8. **Do not use red pen or highlighter** on the Claim Form or supporting documentation.



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IMPORTANT LEGAL NOTICE – PLEASE FORWARD