

A. BASIC IDENTIFICATION DATA

2. Enter the information requested for the following:

- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
- Each general and managing partner of partnership issuers.

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)
P.P. LUXCO HOLDINGS II S.à.r.l. (*)

Business or Residence Address (Number and Street, City, State, Zip Code):
65, Boulevard Grande Duchesse, Charlotte, L-1331, Luxembourg, Grand-Duchy of Luxembourg

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)
Dr. Francesco Bellini

Business or Residence Address (Number and Street, City, State, Zip Code):
NEUROCHEM INC., 275 Armand-Frappier Boulevard, Laval, QC H7V 4A7, Canada

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)
Dr. Daniel Delorme

Business or Residence Address (Number and Street, City, State, Zip Code):
NEUROCHEM INC., 275 Armand-Frappier Boulevard, Laval, QC H7V 4A7, Canada

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)
Dr. Denis Garceau

Business or Residence Address (Number and Street, City, State, Zip Code):
NEUROCHEM INC., 275 Armand-Frappier Boulevard, Laval, QC H7V 4A7, Canada

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)
Dr. Lise Hébert

Business or Residence Address (Number and Street, City, State, Zip Code):
NEUROCHEM INC., 275 Armand-Frappier Boulevard, Laval, QC H7V 4A7, Canada

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)
Ms. Christine Lennon

Business or Residence Address (Number and Street, City, State, Zip Code):
NEUROCHEM INC., 275 Armand-Frappier Boulevard, Laval, QC H7V 4A7, Canada

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)
Dr. Shona McDiarmid

Business or Residence Address (Number and Street, City, State, Zip Code):
NEUROCHEM INC., 275 Armand-Frappier Boulevard, Laval, QC H7V 4A7, Canada

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)
Ms. Judith Paquin

Business or Residence Address (Number and Street, City, State, Zip Code):
NEUROCHEM INC., 275 Armand-Frappier Boulevard, Laval, QC H7V 4A7, Canada

A. BASIC IDENTIFICATION DATA (continued)

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual):

Dr. Andreas Orfanos

Business or Residence Address (Number and Street, City, State, Zip Code)

NEUROCHEM INC., 275 Armand-Frappier Boulevard, Laval, QC H7V 4A7, Canada

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual):

Dr. Philippe Calais

Business or Residence Address (Number and Street, City, State, Zip Code)

NEUROCHEM INC., 275 Armand-Frappier Boulevard, Laval, QC H7V 4A7, Canada

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual):

Mr. Mariano Rodriguez

Business or Residence Address (Number and Street, City, State, Zip Code)

NEUROCHEM INC., 275 Armand-Frappier Boulevard, Laval, QC H7V 4A7, Canada

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual):

Mr. David Skinner

Business or Residence Address (Number and Street, City, State, Zip Code):

NEUROCHEM INC., 275 Armand-Frappier Boulevard, Laval, QC H7V 4A7, Canada

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)

Mr. John Bernbach

Business or Residence Address (Number and Street, City, State, Zip Code):

NTM Inc., 32 East 57th Street, 10th Floor, New York, NY 10022, USA

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)

Dr. Colin Bier

Business or Residence Address (Number and Street, City, State, Zip Code):

ABA BIORESEARCH INC., 677 Dr. Frederik-Philips, Saint-Laurent, QC H4M 2W4, Canada

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)

Mr. Jean-Guy Desjardins

Business or Residence Address (Number and Street, City, State, Zip Code):

CENTRIA INC., 1501 McGill College Avenue, #900, Montreal, QC H3A 3M8, Canada

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)

Mr. André Desmarais

Business or Residence Address (Number and Street, City, State, Zip Code):

POWER CORPORATION OF CANADA, 751 Square Victoria, Montreal, QC H2Y 2J3, Canada

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)

Mr. Neil Flanzraich

Business or Residence Address (Number and Street, City, State, Zip Code)

10 Tahiti Beach Island Road, Coral Gables, FL 33143, USA

A. BASIC IDENTIFICATION DATA (continued)

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)

Mr. Peter Kruyt

Business or Residence Address (Number and Street, City, State, Zip Code):

POWER TECHNOLOGY INVESTMENT CORP., 751 Square Victoria, Montreal, QC H2Y 2J3, Canada

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)

Mr. François Legault

Business or Residence Address (Number and Street, City, State, Zip Code):

VIROCHEM PHARMA INC., 275 Armand-Frappier Boulevard, Laval, QC H7V 4A7, Canada

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)

Mr. John Molloy

Business or Residence Address (Number and Street, City, State, Zip Code):

PARTEQ INNOVATIONS, Queen's University, Bioscience Complex, Rm. 1625, Kingston, ON K7L 3N6, Canada

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual):

Mr. Calin Rovinescu

Business or Residence Address (Number and Street, City, State, Zip Code):

GENUITY CAPITAL MARKETS, 1800 McGill College Avenue, #3000, Montreal, QC H3A 3J6, Canada

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual):

Mr. Graeme K. Rutledge

Business or Residence Address (Number and Street, City, State, Zip Code)

500 Mile Point Road, RR #5, Perth, ON K7H 3C7, Canada

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)

Dr. Emil Skamene

Business or Residence Address (Number and Street, City, State, Zip Code): **CENTRE FOR THE STUDY OF HOST RESISTANCE, McGill University, 1650 Cedar Avenue, Rm. A6.149 Montreal, QC H3G 1A4, Canada**

(*) As disclosed in a Schedule 13D (Amendment No. 15) filed by P.P. Luxco Holdings II S.à.r.l. with the SEC on May 3, 2007, the following entities and persons have shared voting and/or dispositive power over the Common Shares beneficially owned by P.P. Luxco Holdings II S.à.r.l.: Picchio Pharma Inc.; FMRC Family Trust; John W. Churchill, as trustee; Vernon H. Strang, as trustee; and Power Technology Investment Corporation.

B. INFORMATION ABOUT OFFERING

1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?..... Yes No

Answer also in Appendix, Column 2, if filing under ULOE.

2. What is the minimum investment that will be accepted from any individual?..... N/A

3. Does the offering permit joint ownership of a single unit?..... Yes No

4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.

Full Name (Last name first, if individual)

Rodman & Renshaw, LLC

Business or Residence Address (Number and Street, City, State, Zip Code)

1270 Avenue of the Americas, 16th Floor, New York, NY 10020

Name of Associated Broker or Dealer

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers

(Check "All States" or check individual States) All States

[AL]	[AK]	[AZ]	[AR]	[CA] X	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY] X	[NC]	[ND]	[OH]	[OK]	[OR]	[PA] X
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Name of Associated Broker or Dealer

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers

(Check "All States" or check individual States) All States

[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Name of Associated Broker or Dealer

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers

(Check "All States" or check individual States) All States

[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box " " and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.

Type of Security	Aggregate Offering Price	Amount Already Sold
Debt ... Senior Convertible Notes due 2017.....	\$39,980,000.00	\$39,980,000.00
Debt ... Senior Subordinated Convertible Notes due 2012.....	\$39,970,000.00	\$39,970,000.00
Equity		
	<input checked="" type="checkbox"/> Common <input type="checkbox"/> Preferred	
Convertible Securities (incl. warrants): Series A Common Share Purchase Warrants.....	\$ 20,000.00	\$ 20,000.00
Convertible Securities (incl. warrants): Series B Common Share Purchase Warrants.....	\$ 30,000.00	\$ 30,000.00
Partnership Interests	\$0	\$0
Other (Specify:.....)	\$0	\$0
Total	\$80,000,000.00	\$80,000,000.00

Answer also in Appendix, Column 3, if filing under ULOE.

2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."

	Number Investors	Aggregate Dollar Amount of Purchases
Accredited Investors	12	\$80,000,000.00
Non-accredited Investors	0	0
Total (for filings under Rule 504 only)	N/A	N/A

Answer also in Appendix, Column 4, if filing under ULOE.

3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.

Type of offering	Type of Security	Dollar Amount Sold
Rule 505		\$
<u>Regulation A</u>		\$
Rule 504		\$
Total		\$

4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.

Transfer Agent's Fees	<input type="checkbox"/> \$0
Printing and Engraving Costs	<input type="checkbox"/> \$0
Legal Fees	<input checked="" type="checkbox"/> \$ 550,000.00
Accounting Fees	<input checked="" type="checkbox"/> \$ 50,000.00

Engineering Fees \$0
 Sales Commissions (specify finders' fees separately) (Placement Agent Fees excluding Warrants)..... \$ 4,400,000.00
 Other Expenses (identify) Regulatory and Other..... \$ 100,000.00
 Total \$ 5,100,000.00

b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer." \$74,900,000.00

5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above.

	Payments to Officers, Directors, & Affiliates	Payments To Others
Salaries and fees	<input type="checkbox"/> \$0	<input type="checkbox"/> \$0
Purchase of real estate	<input type="checkbox"/> \$0	<input type="checkbox"/> \$0
Purchase, rental or leasing and installation of machinery and equipment	<input type="checkbox"/> \$0	<input type="checkbox"/> \$0
Construction or leasing of plant buildings and facilities.....	<input type="checkbox"/> \$0	<input type="checkbox"/> \$0
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	<input type="checkbox"/> \$0	<input type="checkbox"/> \$0
Repayment of indebtedness	<input type="checkbox"/> \$0	<input type="checkbox"/> \$0
Working capital (including, but not limited to, advancing current clinical programs or initiating new ones, research for new and existing products, and capital expenditures).....	<input type="checkbox"/> \$0	<input checked="" type="checkbox"/> \$74,900,000.00
Other (specify):	<input type="checkbox"/> \$0	<input type="checkbox"/> \$0
Column Totals	<input type="checkbox"/> \$0	<input type="checkbox"/> \$0
Total Payments Listed (column totals added)	<input type="checkbox"/> \$0	<input checked="" type="checkbox"/> \$74,900,000.00

D. FEDERAL SIGNATURE

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

Issuer (Print or Type) NEUROCHEM INC.	Signature 	Date May 10, 2007
Authorized Signatory David Skinner, Vice President, General Counsel and Corporate Secretary		

ATTENTION
 Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

END