



British Columbia Securities Commission

UNIFORM TERMINATION NOTICE (BC)

Pursuant to Sections 42(1)(b) and (c) and 42(2)(a) and (b) of the Securities Act

BC FORM 33-901F (Previously Form 7Z)

INSTRUCTIONS

- Registered dealers, underwriters and advisers must file a Uniform Termination Notice (BC) where there is termination of employment of a registered salesperson or advising employee or termination of employment or office of a partner, director or officer. References to "employee" in this form should be read as including a "partner, director or officer" and to "employment" as including "office".
Please provide all information and date and sign this form.

Freedom of Information and Protection of Privacy Act

The personal information requested on this form is collected under the authority of and used for the purpose of administering the Securities Act. Questions about the collection of or use of this information can be directed to the Registration Supervisor, Registration and Market Regulation Branch, Capital Markets Regulation Division, British Columbia Securities Commission, PO Box 10142, Pacific Centre, 701 West Georgia Street, Vancouver BC V7Y 1L2. Telephone (604) 899-6692. Toll Free within British Columbia 1-800-373-6393.

DATE OF TERMINATION YY / MM / DD | NAME OF EMPLOYEE | EMPLOYEE TELEPHONE NO. ()

NAME OF EMPLOYER

ADDRESS WHERE EMPLOYED - If branch office, please indicate

RESIDENTIAL ADDRESS | POSTAL CODE

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PARTICULARS OF DISCONTINUANCE
[] UNSOLICITED - Voluntary [] SOLICITED BY EMPLOYER [] DISMISSED FOR CAUSE [] OTHER - Explain:

1. State reasons for discontinuance:

2. a) To the best of the employer's knowledge, have there been any changes in the information given in questions 13 through 18 of the Uniform Application for Registration/Approval previously filed by the employee? (If YES to any of the below, please provide details.)

- [] NO
[] YES

i) Any investigation, disciplinary action or proceeding?

- [] NO
[] YES

ii) Any offences under the law?

- [] NO
[] YES

iii) Any civil proceedings?

- [] NO
[] YES

iv) Any action in bankruptcy or insolvency?

- [] NO
[] YES

v) Any judgments, garnishments or out-of-court settlements with clients?

- [] NO
[] YES

b) Is the employee now, or at any time during employment with the employer, ever been the subject of:

i) Unresolved client complaints?

- NO
 YES

ii) Internal discipline or restrictions for violations of regulatory requirements?

- NO
 YES

c) Is the employer in possession of any information that would suggest that the employee has engaged in any conduct that contravenes regulatory requirements or is inconsistent with dealing fairly, honestly and in good faith with clients?

- NO
 YES

3. a) Are employee's accounts, or those controlled by the employee, fully secured, margined or paid? NO YES

b) Are clients' accounts fully secured, margined or paid? NO YES

i) If NO, indicate total number of unmargined or bad debt accounts in excess of \$5,000.00 and set out amounts of each account (including those written off or charged to the employee in the past 12 months).

ii) In the opinion of the employer, were unmargined or unsecured client accounts the result of bad business or credit practices on the part of the employee? (If YES, please explain.)

- NO
 YES

4. a) Has the employee seen this form? NO YES

b) If the employee's signature is not obtained, please state the reasons why.

CERTIFICATION - I am satisfied that the information in this Uniform Termination Notice (BC) reflects the knowledge of the employee's supervisors and the employer's management.

NAME OF AUTHORIZED PERSON - PLEASE PRINT

POSITION HELD

SIGNATURE OF AUTHORIZED PERSON

DATE SIGNED
YY / MM / DD

CERTIFICATION - I have reviewed this Uniform Termination Notice (BC) and agree with the information contained herein. Please provide details if you do not agree.

- AGREE
 DO NOT AGREE

SIGNATURE OF EMPLOYEE

DATE SIGNED
YY / MM / DD