FORM F1

TO MODEL PROVINCIAL RULE – MANDATORY CENTRAL COUNTERPARTY CLEARING OF DERIVATIVES INTRAGROUP EXEMPTION FORM

Any counterparty to an intragroup transaction that is relying on the exemption in section 8(2) of <u>Model Provincial Rule on Mandatory Central Counterparty Clearing of Derivatives</u>, must provide electronically to the applicable local securities regulator this form duly completed within 30 days of the first transaction under this exemption.

Type of Filing:		
☐ INITIAL	or	AMENDMENT
Section 1- Notifying 1. Full name:	Entity's Deta	ils
2. Name(s) under whi	ich business is	conducted, if different from item 1:
•	3	ge on behalf of firm in respect of the name set out in name and the new name:
4. Head office Address: Telephone: Email:		
5. Mailing address (if	different):	
6. Other offices Address: Telephone: Email:		
7. Website address:		
8. Contact employee Name and title: Telephone number: E-mail address:		

9. Canadian counsel (if applicable)
Firm name:
Contact name: Telephone number:
E-mail address:
Section 2 - Combined notification on behalf of other counterparties within the group to which the notifying entity belongs
1. confirmation that both counterparties to the transaction choose to rely on the exemption and on what ground the exemption is available to them:
confirmation that the transaction is subject to appropriate centralized risk evaluation, measurement and control procedures. Please describe:
3. the legal entity identifier of both counterparties to the transaction in accordance with section 28 of Rule 91-507 <i>Trade Repositories and Derivatives Data Reporting</i> :
4. the ownership and control structure of the affiliated counterparties:
5. if applicable, confirmation that there is a legal agreement setting out the terms of the transaction, the date of the legal agreement, the signatories to the agreement and the nature of the agreement:
Section 3 - Declaration
"I am duly authorised to make this notification on behalf of the notifying affiliate and, where applicable, on behalf of the other affiliate entities listed above in Section 2. By submitting this notification form I confirm that the information in this application is accurate and complete to the best of my knowledge and belief and that I have taken all reasonable steps to ensure that this is the case."
Please confirm you have read and understood this declaration.
Yes No Notification Date (dd/mm/yy)

Name of director or officer	
Signature of director or officer	
Official capacity	
E-mail	
Telephone number	