## Form 12-901F Claim Application Form

(Section 15.1 of the Securities Act and Part 3 of the Securities Regulation)

#### **General Instructions**

- 1. The "Claim Application Form", found on pages three to eight below, is to be completed as part of an application to receive funds ordered to be paid to the British Columbia Securities Commission. These monies may be available to victims through a claims process.
- 2. The claims process is governed by Section 15.1 of the BC Securities Act R.S.B.C. 1996, c. 418 (Securities Act) and ss. 7.1 to 7.6 of the Securities Regulation, B.C. Reg. 196/97.
- 3. An eligible applicant means a person who
  - a) suffered pecuniary loss as a direct result of misconduct that resulted in an order for which the commission gave notice under section 7.2,
  - b) did not directly or indirectly engage in the misconduct that resulted in the order, and
  - c) has not been denied a claim under section 7.4 (6).
- 4. An application must be filed within 3 years from the date of the first notification made by the commission.
- 5. A completed Claim Application Form is required before the commission can decide whether an applicant's claim is accepted. In addition, the commission requires documents, supporting a pecuniary loss suffered by a person be included with the Claim Application Form.
- 6. The required documents, as specified by the Claims Application Form, must be in the following form:
  - a) original documents; or
  - b) certified true copies, with accompanying sworn statutory declaration(s) from a financial institution(s) or applicable entity, which guarantees the authenticity of the copies.
- 7. If you have previously provided documents to a staff member of the commission that would assist in supporting your pecuniary loss, please indicate in question # 8 of the Claim Application Form the document(s) provided, the approximate date and name of the staff member that you forwarded them to.
- 8. Please forward the completed Claim Application Form and the documents supporting the

pecuniary loss by registered mail or courier to the following address:

Attention: Claims Process
British Columbia Securities Commission
P.O. Box 10142, Pacific Centre
701 West Georgia Street
Vancouver, B.C. V7Y 1L2

- 9. Please retain a copy of the completed Claim Application Form and required documents for your records.
- 10. The commission will not accept emails with attachments to support a claim.
- 11. If the information provided in the application changes in a material respect, after you have submitted it, you must report the change to the commission promptly.
- 12. According to Section 15.1, the commission is restricted from making payments to eligible applicants prior to a three-year waiting period, from the date that the notice of the claims process was first posted, apart from exceptional circumstances.
- 13. The commission may prorate payments, if it determines that the money available for disgorgement is insufficient to pay the full amount of the claims for all eligible applicants.
- 14. The commission will notify you by mail regarding the status of your claim.

# Form 12-901F Claim Application Form

1. This is a claim application for a pecuniary loss as a direct result of misconduct that resulted

#### PRINT OR TYPE ALL INFORMATION

## **General Information**

Claimant's name and address								
If an individual								
First name		Last name						
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	escribe the relationship	clude the parent or guardia	an's contact					
First name	Last name	Contact	Relationshi					
		information	1					
	partnership, full legal n	ame and where it was incor	porated or					
If a <i>corporation</i> or registered	partnership, full legal n	ame and where it was incor	porated or					
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registered	<i>z z</i> , <i>g</i>		porated or					
registered	<i>z z</i> , <i>g</i>		porated or					
registered  Address (street no	o. and name, suite/unit i	10.)						
registered	<i>z z</i> , <i>g</i>	10.)						
registered  Address (street no	o. and name, suite/unit i	10.)						
registered  Address (street no	o. and name, suite/unit i	10.)						
registered  Address (street no	Province/State/0	10.)						
Address (street no	Province/State/0	10.)						
Address (street no	Province/State/0	Country Postal Code/ Zip						
Address (street no	Province/State/0	Country Postal Code/ Zip						

## **Claim Information**

<b>Particulars of your pecuniary loss</b> : Describe the pecuniary loss suffered by you as a direct result of the misconduct that resulted in the order described in the commission's notice. Please include all relevant dates, including the dates of all money invested in this specific security, for which you are now claiming a pecuniary loss.
Attach originals or certified copies of all documents that prove your loss, such as cancelled cheques, receipts, brokerage statements, bank or credit card statements, certificates, subscription agreements, offering memorandums or other agreements.
Do not include any claim for interest or other payments you were expecting to receive from your investment.
(Attach an additional page if necessary)

		Yes	No
4.	Particulars of compensation: Have you received or are you entitled to		
	receive, from another source, compensation for your loss arising from the		
	misconduct that resulted in the order described in the commission's		
	notice? Compensation includes insurance payments, payments from a		
	government program, and restitution payments from a court proceeding or		
	other compensation payments.		

If yes, how much did you or will you receive and from what source? Attach originals of	r
certified copies of all documents that relate to the compensation or benefits.	

(Attach an additional page if necessary)	Yes	No
Did you benefit in any way from the misconduct that resulted in the order described in the commission's notice?		
Benefits include interest, dividends, redemptions, distributions, commissions or other payments.		
If yes, please provide details below		
in yes, please provide details below		
(Attach an additional page if necessary)		
(Attach an additional page if necessary)		
(Attach an additional page if necessary)	Ves	N
	Yes	N
Particulars of risk limitation transactions: Did you enter into any	Yes	N
Particulars of risk limitation transactions: Did you enter into any transactions the purpose of which, or the effect of which, was to offset	Yes	N
Particulars of risk limitation transactions: Did you enter into any	Yes	N
Particulars of risk limitation transactions: Did you enter into any transactions the purpose of which, or the effect of which, was to offset your loss (e.g. hedging)?		N
Particulars of risk limitation transactions: Did you enter into any transactions the purpose of which, or the effect of which, was to offset your loss (e.g. hedging)?  If yes, what was the total effect of those transactions? Attach certified co		N
Particulars of risk limitation transactions: Did you enter into any transactions the purpose of which, or the effect of which, was to offset your loss (e.g. hedging)?		N
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investment any compensation or benefits you received, or are entitled to receive, relating to

your investment and do not include interest or other payments you were expecting to receive from your investment.
If you bought and sold the same security during the period of the wrongdoing as found by the Commission panel in its decision, and realized a profit, separate from the pecuniary loss for which you are now claiming, please provide a calculation of the profit, including dates and amounts.
Did you buy and sell this specific security realizing a profit, prior to suffering a pecuniary loss for which you are now claiming? If so, please provide a calculation of the profit you realized, including the dates you purchased and sold the security.
(Attach an additional page if necessary)

## **Additional Information**

8.	If you are not able to provide one or more of the documents required by this form, provide an explanation of what documents are missing. If someone else has the originals or the only copy of these documents, state the person's name and the documents in their possession.
	In addition, please detail what steps you took trying to obtain these documents to
	substantiate your claim.

(Attach an additional page if necessary)	

#### **Declaration of Claimant and Guardian**

I certify that:

- A. The information contained in this application or submitted in support of this application is true and correct.
- B. I did not directly, or indirectly, engage in the misconduct that resulted in the order for which the commission gave notice on its website.
- C. I am aware that false or incomplete information or failure to notify the commission of any change in the information contained in this application or submitted in support of this application may result in the denial of my claim.
- D. If the circumstances stated in this application change, I will report that change of circumstances to the commission promptly.
- E. I consent to the information contained in this application or submitted in support of this application being used for assessment of claims, for determining eligibility and for the administration of the *Securities Act*.
- F. I am aware that the information contained in this application or submitted in support of this application is subject to disclosure under the *Freedom of Information and Protection of Privacy* Act and the *Securities Act*.

It is an offence under section 168.1 of the *Securities Act* to make a statement or submit information to the commission that, in a material respect and at the time and in light of the circumstances under which it is made, is false or misleading, or omit facts from the statement or information necessary to make that statement or information not false or misleading.

Year Month Day	
If claimant is an individual	
Claimant signature	Print name

If claimant is an individual under age 19		
Guardian signature	Print name	
If claimant is a corporation or partnership		
Signature of director, officer or partner	Print name of corporation or partnership	
Print name, title and telephone number of pers	on signing	
Witness		
Witness signature	Print name	
<b>Checklist for Completed Application</b>		
All questions have been answered in the	Completed Claim Application Form	
The applicant has read and understood t	•	
	the declaration on page # 7.	
Claim Application Form is dated.		
The claimant has signed the form.		
The signature has been witnessed and at	The signature has been witnessed and attested to.	
The claimant has enclosed the following	y:	
<ul> <li>Original documents; or</li> </ul>		
♦ Certified true copies, with accomp	anying sworn statutory declaration(s) from a	
	entity, which guarantees the authenticity of the	
copies.	•.	
The envelope has the correct address on	ıt.	