

**FORM 31-102F3**

**ACCOUNT HOLDER AUTHORIZATION**

---

**TO: NRD Administrator**  
85 Richmond Street West, Toronto, Ontario M5H 2C9

---

Please select one box:

- " **Initial Filing** All sections must be completed. This form must be returned by the firm filer with Form 31-102F1 and, if required, Form 31-102F2.
- " **Change to Previous Filing** Changes will be effective after the NRD administrator has completed its processing of all required information.
- Describe change(s):
- Change to Account Holder's contact information  
- complete sections 1, 2 & 5  
The NRD administrator must receive this form within 5 business days of the change. The account holder may return this form directly to the NRD administrator.
  - Change to Account Holder's account information  
- complete sections 1, 3 & 5  
Desired business date of change: \_\_\_\_\_, 200\_\_\_\_.  
The firm filer must return this form with Form 31-102F1. The NRD administrator must receive this form at least 10 business days before the desired business date of change.

**General Instructions:**

- A. This form is available online for downloading at the NRD web site at [www.nrd.ca](http://www.nrd.ca).
- B. Complete the information requested in this form in type or legible print. The information completed in section 3 below must match the information completed in section 3 of Form 31-102F1.
- C. Return this completed form, together with a blank cheque for the account named in section 3 below, marked on the front with "VOID" and deliver by prepaid mail, personal delivery or fax to the NRD administrator at the address above, or by fax to 1-800 \_\_\_\_\_, or to such other address or fax number as may be provided on the NRDweb site.

**Section 1 Firm Filer Information**

Full legal name of firm filer:	Firm NRD number (if available)
--------------------------------	--------------------------------

**Section 2 Contact Information for Account to be used for NRD**

Name of account holder:			
Business address (street name and number):		Municipality (city, town, etc.):	
Province/territory/state:	Postal code:	Main Phone Number: ( )	Fax number: ( )
Last name of account holder's contact person:		First name of account holder's contact person:	
Direct phone number: ( ) Extension if applicable:		E-mail address:	

**Section 3 Account Holder Information for Electronic Pre-authorized Debit in NRD**

Name of account holder's financial institution*:	
Branch transit number:	Account number:

\*The financial institution must be a member of the Canadian Payments Association. The financial institution should verify the information completed above.

**Section 4 Payees**

The account holder hereby authorizes payments from the account holder's account named in section 3 on behalf of the firm filer named in section 2 to be made by pre-authorized debit in NRD to one or more of the participating Canadian securities regulatory authorities, the Investment Dealers Association of Canada or the NRD administrator, being the payees listed below:

British Columbia Securities Commission  
Alberta Securities Commission  
Saskatchewan Securities Commission  
The Manitoba Securities Commission  
Ontario Securities Commission  
Nova Scotia Securities Commission  
Securities Commission of Newfoundland  
New Brunswick Office of the Administrator of Securities  
Prince Edward Island Department of Community Affairs and Attorney General  
Government of Yukon, Registrar of Securities  
Nunavut Department of Justice, Legal Registries Division  
Government of the Northwest Territories, Securities Registry, Department of Justice  
Investment Dealers Association of Canada

NRD administrator

**Section 5 Authorization and Certification of Account Holder**

The undersigned account holder hereby authorizes the payment of fees, on behalf of the firm filer named in section 1 of this form, by electronic pre-authorized debits in the National Registration Database to one or more of the payees listed in section 4, as such list of payees may be amended from time to time in NRD. The undersigned further acknowledges that payments of fees are authorized by the chief AFR of the firm filer or other AFRs appointed to act on behalf of the firm filer. The undersigned agrees to comply with any rules which may affect the pre-authorized debits and to execute any further documents that are reasonably required by the NRD administrator, its financial institution or the rules affecting the payment services provided in NRD.

The undersigned certifies that the foregoing information is true in all material respects. Within 5 business days of a change to the contact information submitted on this form, the undersigned shall complete a Change to Previous Filing to this form and deliver it to the NRD administrator. At least 10 business days before a change to the account named in section 3 of this form, the undersigned shall complete a Change to Previous Filing to this form and deliver it to the NRD administrator. The undersigned agrees that an executed copy of this form, if delivered to the NRD administrator by fax, shall have the same effect as an originally executed copy delivered to the NRD administrator. The undersigned has caused this form to be signed by its duly authorized signatories on its behalf.

Name of account holder:		
_____	Print name:	Date: (dd/mm/yyyy)
Signature of authorized signatory		
_____	Print name:	Date: (dd/mm/yyyy)
Signature of authorized signatory		