

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 a Form 31-102F1 and, if required, a 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 contact information
- complete sections 1, 2 & 4
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 NRD account information
- complete sections 1, 3 & 4
Desired business date of change: _____, 200___.
The firm filer must return this form with a 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 may be downloaded from the NRD web site at www.nrd.ca.
- B. Complete the information requested in this form in type or legible print. The NRD account 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 NRD 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 NRD web site.

Section 1 Firm Filer Information

Full legal name of firm filer:	Firm NRD number (only required if a change to previous filing)
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Section 2 Contact Information for NRD Account

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 NRD Account Information for Electronic Pre-authorized Debit

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

*The financial institution selected must be a member of the Canadian Payments Association.

Section 4 Authorization and Acknowledgements of Account Holder

The account holder authorizes the payment of fees on behalf of the firm filer by electronic pre-authorized debit in the National Registration Database to one or more of the payees, as such list of payees may be amended from time to time:

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

The account holder 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 account holder agrees to comply with any rules that may affect payment by pre-authorized debit 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 account holder agrees that an executed copy of this form delivered to the NRD administrator by fax shall have the same effect as an originally executed copy delivered to the NRD administrator. The account holder has caused this form to be signed by its duly authorized signatories on its behalf.

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