Proposed Form 33-109F6 – Application for Registration as a Dealer, Adviser or Investment Fund Manager for Securities and/or Derivatives [Paper Version]

Complete this form to apply for the firm's initial registration in any province or territory of Canada. If you are unable to answer the question fully on the form, attach additional details as a schedule using a separate sheet of paper, clearly identifying the relevant section and item.

Please complete and sign the form, and send it to the appropriate Canadian securities regulator(s) in each Canadian jurisdiction where the firm is applying for registration. Make sure to include the required attachments, including all schedules, and have them initialed and dated by a senior officer of the applicant firm.

| If the head office is not in Canada, does | the applicant firm have a place of business in Canada? |
|--|--|
| Yes No No | |
| If yes, provide the mailing address. | |
| | Firm (This is the primary person with whom the ng to the application and ongoing requirements. This the applicant firm.) |
| Name | Telephone number |
| Firm Name (if not applicant firm name) | |
| Title | Email address |
| | |
| 6. Address for service in nome jurisdict | ion |
| 7. Who is responsible for the applicant f | irm's compliance in the Canadian jurisdiction(s) where Ultimate Designated Person and Chief Compliance |
| 7. Who is responsible for the applicant f the firm is applying for registration (e.g. Officer)? If it is the same person as indi | Tirm's compliance in the Canadian jurisdiction(s) where Ultimate Designated Person and Chief Compliance icated in question 5, state this. |
| 7. Who is responsible for the applicant f the firm is applying for registration (e.g. Officer)? If it is the same person as indi Name of UDP: | irm's compliance in the Canadian jurisdiction(s) where Ultimate Designated Person and Chief Compliance icated in question 5, state this. NRD #: |
| 7. Who is responsible for the applicant f the firm is applying for registration (e.g. Officer)? If it is the same person as indi | irm's compliance in the Canadian jurisdiction(s) where Ultimate Designated Person and Chief Compliance icated in question 5, state this. NRD #: E-mail address: |
| 7. Who is responsible for the applicant f the firm is applying for registration (e.g. Officer)? If it is the same person as indi Name of UDP: Title: | irm's compliance in the Canadian jurisdiction(s) where Ultimate Designated Person and Chief Compliance icated in question 5, state this. NRD #: E-mail address: |
| 7. Who is responsible for the applicant f the firm is applying for registration (e.g. Officer)? If it is the same person as indi Name of UDP: Title: | irm's compliance in the Canadian jurisdiction(s) where Ultimate Designated Person and Chief Compliance icated in question 5, state this. NRD #: E-mail address: |
| 7. Who is responsible for the applicant f the firm is applying for registration (e.g. Officer)? If it is the same person as indi Name of UDP: Title: Telephone number: | irm's compliance in the Canadian jurisdiction(s) where Ultimate Designated Person and Chief Compliance cated in question 5, state this. NRD #: E-mail address: Province or territory: |
| 7. Who is responsible for the applicant f the firm is applying for registration (e.g. Officer)? If it is the same person as indi Name of UDP: Title: Telephone number: Name of CCO: | irm's compliance in the Canadian jurisdiction(s) where Ultimate Designated Person and Chief Compliance icated in question 5, state this. NRD #: E-mail address: Province or territory: |
| 7. Who is responsible for the applicant f the firm is applying for registration (e.g. Officer)? If it is the same person as indi Name of UDP: Title: Telephone number: Name of CCO: Title: Telephone number: | irm's compliance in the Canadian jurisdiction(s) where Ultimate Designated Person and Chief Compliance icated in question 5, state this. NRD #: E-mail address: Province or territory: NRD #: E-mail address: E-mail address: |
| 7. Who is responsible for the applicant f the firm is applying for registration (e.g. Officer)? If it is the same person as indi Name of UDP: Title: Telephone number: Name of CCO: Title: Telephone number: | irm's compliance in the Canadian jurisdiction(s) where Ultimate Designated Person and Chief Compliance leated in question 5, state this. NRD #: E-mail address: Province or territory: NRD #: E-mail address: Province or territory: |
| 7. Who is responsible for the applicant f the firm is applying for registration (e.g. Officer)? If it is the same person as indi Name of UDP: Title: Telephone number: Name of CCO: Title: Telephone number: 8. Who is the Chief Authorized Firm Re (NRD)? | Irm's compliance in the Canadian jurisdiction(s) where Ultimate Designated Person and Chief Compliance icated in question 5, state this. NRD #: |
| 7. Who is responsible for the applicant f the firm is applying for registration (e.g. Officer)? If it is the same person as indi Name of UDP: Title: Telephone number: Name of CCO: Title: Telephone number: 8. Who is the Chief Authorized Firm Re (NRD)? Name of CAFR: | irm's compliance in the Canadian jurisdiction(s) where Ultimate Designated Person and Chief Compliance icated in question 5, state this. NRD #: E-mail address: Province or territory: |

B. Jurisdictions where firm is applying

| | Corporate Registration Number or Québec Enterprise Number (NEQ) |
|---|--|
| Alberta | |
| British Columbia | |
| Manitoba | |
| New Brunswick | |
| Newfoundland & Labrador | |
| Northwest Territories | |
| Nova Scotia | |
| Nunavut | |
| Ontario | |
| Prince Edward Island | |
| Québec | |
| Saskatchewan | |
| Yukon | |
| C. Categories of registration | |
| What type of registration is the firm in some jurisdictions where the firm | or? (Check all that apply.) In all jurisdictions or g for registration |
| | (identify the jurisdictions) |
| Investment dealer | |
| Mutual fund dealer | |
| Scholarship plan dealer | |
| Exempt market dealer | |
| Restricted dealer | |
| Investment fund manager | |
| Portfolio manager | |
| Restricted portfolio manager | |

| D. Business structur | re and history | 7 | | | |
|--|----------------------------------|------------------------|----------------------|------------|--|
| 1. Type of legal struc | cture (e.g. corp | ooration, partnership | , sole proprietor) | | |
| 2. In which state/pro | ovince and cou | ntry are the majority | of the senior off | ficers loc | eated? |
| 3. Provide a brief histirm's business and h | • • • | • | affiliates, i.e. nat | ure of th | e applicant |
| 4. Has the applicant favithin the last 10 year. Yes If yes, provide names. 5. List all beneficial of | No s of entities, re | elevant dates, and typ | ne of transaction. | | |
| control or direction o | | | | - | |
| Name | Date of birth (if applicable) | | E-mail address | (class, | rity ownership , type, amount .ing percentage) |
| | | | | | |
| 6. List all of the princ as defined in NI -33- | - | | - | - | |
| Name | | Title | E-mail add | ress | NRD# |
| | | | | | |
| i | | | | | |

Please attach the following documents:

- 7. A business plan for the next five years that includes:
 - the nature of services, including types of securities and/or derivatives to be distributed or discretionary or non-discretionary advice provided
 - In this form, "derivatives" means financial instruments, such as futures contracts, options and swaps whose market price, value or payment obligations are derived from or based on one or more underlying interests. Derivatives can be in the form of instruments, agreements or securities.
 - relating to the financial services to be provided, please provide details of relationships and any arrangements and/or contracts with other persons and/or companies
 - proposed or existing investment models for your portfolios, sectors and types of securities in models, research to be conducted, etc.
 - products the applicant firm intends to develop, manage or administer and how they will be distributed
 - the applicant firm's intentions about providing any financial services, such as lending or margining
 - target client market (e.g. accredited investors, retail clients, types of institutions, etc.)
 - how assets of clients will be held
 - identify names of third parties holding assets
 - fees charged to clients (e.g. commissions, percentage of profits, transaction fees, prepaid fees)
 - details of outsourcing arrangements, such as names of entities involved, dates of agreements, and relationship with those entities.
 - list of products that will be sold under an exemption and which exemptions the applicant firm intends to rely on
 - number of representatives and branches anticipated
 - plans for non-securities business activities requiring a license
 - plans for non-securities business that is not subject to licensing or registration
- 8. Organization chart showing the applicant firm's reporting structure. This must include directors, senior officers/partners, ultimate designated person and chief compliance officer.
- 9. Ownership chart showing all controlling and beneficial owners and affiliates.
- 10. Copy of the articles of incorporation or any other constating document. If the applicant firm is a partnership or sole proprietor, provide a copy of the partnership agreement or registration of trade name.

E. Capital requirements

Name and address of financial

- 1. If the applicant firm is less than five years old, where did the applicant firm's start-up capital come from and what was the amount?
- 2. For assets of the applicant firm held by a financial institution, provide the following:

| 3(A). Are any people acting as guarantor for the applicant firm? Yes No Service The applicant firm? If yes and the guarantor has an NRD number, please provide this number Service The guarantor Service The guarantor Service The guarantor Service The Service | | institution | Description of asset | Amounts (\$) |
|--|------|--|----------------------------------|-------------------|
| Yes No No I If yes and the guarantor has an NRD number, please provide this number If yes, provide the names, address, telephone number and email address of the guarantor(s) | | | | |
| Yes No Service No Service If yes and the guarantor has an NRD number, please provide this number If yes, provide the names, address, telephone number and email address of the guarantor(s) | | | | |
| Yes No No I If yes and the guarantor has an NRD number, please provide this number If yes, provide the names, address, telephone number and email address of the guarantor(s) | | | | |
| If yes and the guarantor has an NRD number, please provide this number If yes, provide the names, address, telephone number and email address of the guarantor(s) | 3(A |). Are any people acting as guarantor fo | or the applicant firm? | |
| If yes, provide the names, address, telephone number and email address of the guarantor(s) | | Yes No No | | |
| | If y | es and the guarantor has an NRD number | r, please provide this number_ | |
| If yes, disclose any influence the guarantor(s) may have over the applicant firm and any po | If y | es, provide the names, address, telephone | e number and email address of | the guarantor(s). |
| If yes, disclose any influence the guarantor(s) may have over the applicant firm and any po | | | | |
| If yes, disclose any influence the guarantor(s) may have over the applicant firm and any po | | | | |
| for conflict of interest the firm may have with the individual(s) acting as guarantor(s), and describe how the applicant firm will minimize the potential for conflict of interest. | for | conflict of interest the firm may have wit | th the individual(s) acting as g | uarantor(s), and |
| | | | | |
| | | | | |

4. Does the applicant firm currently have any executed subordination agreements in relation to any loans from an associate owing by the firm?

3(B). Is the applicant firm acting as a guarantor? If so, please provide details.

Yes No

If yes, provide a copy of each agreement.

Please attach the following documents:

- Calculation of excess working capital form (for non SRO members use Form 31-103F1; for SRO members use the appropriate capital calculation form required to be filed by the SRO).
- Audited financial statements prepared within the last 90 days (Note: we will accept an opening balance sheet if the applicant firm is a start-up company).

F. Financial information 1. Fiscal year end (MM/DD) (If the applicant firm does not have a definite date for its year end, state this and provide details) 2. Firm's auditor _____ 3. Insurance (for securities-related activities in all jurisdictions) Name of insurer Specific insuring agreements Policy # Amount of coverage \$ Amount of the deductible \$ Renewal date List jurisdictions where insurance is held If the applicant firm has made an application to exempt it from insurance coverage that is not in the form of a Financial Institution Bond, provide details demonstrating that the insurance coverage is equivalent to this bond and that it has more appropriate coverage. Does the applicant firm's insurance cover all jurisdictions where it is applying for registration? Yes No N/A If No or N/A, explain why_____

| 4. Has the applicant firm or any of its affiliates ever been declared bankrupt or made an assignment in bankruptcy? |
|---|
| Yes No No |
| If yes, provide details about how and when it happened, whether it was voluntary or involuntary, and the jurisdiction. |
| 5. Has the applicant firm or any of its affiliates ever appointed a receiver or receiver manager, or had one appointed? |
| Yes |
| If yes, provide details, the date and the jurisdiction. |
| 6. In the last ten years, has the applicant firm ever, |
| been denied bonding? Yes No |
| made a claim on a bond? Yes No |
| had a bond revoked? Yes No |
| If yes, provide details of the bond, the date and the jurisdiction and the reasons for the denial, claim or revocation. |
| 7. Has the applicant firm made any claims to its insurance company during the last ten years for any securities-related activity? |
| Yes No No |
| If yes, provide amount of the claim, the date and the jurisdiction. |
| Please attach the following documents: • Letter of direction authorizing the auditor to conduct any audit of the applicant firm that the regulator may request at any time while the firm is registered. The letter must state that applicant firm will pay for the costs of the audit and will provide the regulator with a |

- copy of the report if requested.
- Directors' resolution on sufficiency of insurance for the securities-related activities.

G. Operations

1. Does the applicant firm have any conflicts of interest related to securities or financial dealings of clients? For example, relationships with other registrants, referral arrangements with other

| registrants, or any affiliates registered in the same category for which the applicant is seeking registration. |
|---|
| Yes No No |
| If yes, provide details. |
| 2. Does the applicant firm take possession or intend to take possession of client funds and/or securities? |
| Yes No |
| If yes, provide name and address for each bank where the trust accounts are held |
| Please attach the following documents: • Policies and procedures manual • Account opening documentation including the firm's Know Your Client form |
| • Written policy on fairness in allocation of investment opportunities (advisers only) |
| • Copy of the applicant firm's letterhead and a sample business card |
| Proposed marketing material to be distributed by the firm |
| • Copy of the firm's standard employment/agent agreement between registered individuals and the firm specifically identifying the compensation arrangement |
| Where applicable, client-related documents, such as financial plans, investment policy statement and investment management agreements |
| H. Registration, licensing and memberships (financial services-related) |
| 1. Is the applicant firm or any of its affiliates currently registered or have they ever been registered in any province, territory, state or country to deal or advise in securities or derivatives? |
| Yes No No |
| If yes, list the jurisdiction(s), categories of registration, date registered and expiry date of registration, if applicable. |
| 2. Is the applicant firm a member of a securities and/or commodities exchange, a self-regulatory organization (SRO) or similar organization in any province, territory, state or country? |
| Yes No No |

| If yes, list the organization(s) and jurisdiction(s). |
|---|
| If no, has the applicant firm applied for registration or membership with a securities and/or commodities exchange, an SRO or similar organization? |
| Yes No No |
| If yes, list the organization(s) and jurisdiction(s). |
| 3. Is the applicant firm or any of its affiliates currently registered or have they ever been registered in any province, territory, state or country under legislation that requires licensing or registration to sell or advise in financial products other than securities (e.g. mortgage broker, financial planning, life insurance, derivatives, etc.)? |
| Yes No No |
| If yes, list the type of license or registration, jurisdiction, date registered and expiry date of registration, if applicable. |
| 4. Does the firm currently have clients in the jurisdiction where the firm is applying for registration? Yes No Service |
| Tyes, pieuse provide details. |
| 5. Has the applicant firm or any of its affiliates or predecessors ever entered into a settlement agreement with any financial services regulator or with any organizations referred to in question 2 above? |
| Yes No No |
| If yes, please provide details. |
| 6. Has any financial services regulator or any of the organizations referred to in question 2 ever: |
| a. Determined that the applicant firm or any of its affiliates or predecessors made a false statement or omission |

| h. Determined that the applicant firms on any of its officiates on and deceases | Yes | No |
|---|-----------|------|
| b. Determined that the applicant firm or any of its affiliates or predecessors violated regulations or laws of any province, territory, state or country, or violated the rules of an SRO or commodities exchange? | | |
| c. Determined that the applicant firm or any of its affiliates or predecessors is not suitable for registration, licensing or membership? | | |
| d. Refused the applicant firm or any of its affiliates or predecessors registration, licensing or membership in any province, territory, state or country for securities-related activities or in any other capacity? | | |
| e. Suspended or terminated any registration, licensing or membership of the applicant firm or any of its affiliates or predecessors? | | |
| f. Appointed a monitor for the applicant firm or any of its affiliates or predecessors? | | |
| g. Issued an order to the applicant firm or any of its affiliates or predecessors about investment-related activity (e.g. cease trade order)? | | |
| h. Denied the applicant firm or any of its affiliates or predecessors any exemption from registration, licensing or membership in any province, territory, state or country? | | |
| i. Imposed conditions on any registration or membership of the applicant firm or any of its affiliates or predecessors? | | |
| If yes to any of the above items, provide full details, including the regulator/org jurisdiction and the date. | ganizatio | on, |
| | | |
| 7. Within the last 10 years has the applicant firm ever been:a. Subject to an order, a proceeding or the initiation of a proceeding by a | Yes | No |
| financial services regulator, securities and/or commodities exchange or SRO, or similar organization of which it is a member? | | |
| b. Sanctioned by a financial services regulator, securities and/or commodities exchange or SRO, or organization of which it is a member? | | |
| If yes to any of the above items, describe the proceeding or sanction, the regula organization and the relevant date(s). | tor, SR | O or |

| 8. Is the applicant firm currently involved in a situation that would reasonably be expected to result in a YES answer to any of the items in question 6 or 7 in this section? |
|---|
| Yes No No |
| If yes, describe the situation. |
| |
| I. Legal action |
| 1. Has the applicant firm or any of its affiliates ever been convicted under the laws of any province, territory, state or country? |
| Yes No No |
| If yes, describe the type of conviction, the date of the conviction and the jurisdiction. |
| |
| 2. Is the applicant firm or any of its affiliates currently the subject of any outstanding charges or indictments under the laws of any province, territory, state or country? |
| Yes No No |
| If yes, describe the charges or indictments and the jurisdiction. |
| |
| 3. Are there currently any outstanding civil actions against the applicant firm or its affiliates? |
| Yes No No |
| If yes, describe the nature of the action, the current stage of the litigation and the specific remedies requested by the plaintiff(s) |
| |
| 4. Has the applicant firm or any of its affiliates ever received a judgement of fraud or theft against it in a civil court, criminal court or administrative tribunal in any jurisdiction in the world? |
| Yes No No |
| If yes, describe the case, the date it took place and the jurisdiction. |

| 5. Are there any judgements or liens against the applicant firm or any of its affiliates? |
|---|
| Yes No No |
| If yes, describe the judgements or liens, the date and the jurisdiction. |
| |
| |
| J. National registration system |
| Election to use the national registration system (NRS) |
| Has the applicant firm elected to use the NRS? |
| Yes No No |
| |

If yes, by submitting this form, the applicant firm:

- certifies that in each Canadian jurisdiction where it has appointed an agent for service, it has completed the appointment of agent for service required in that jurisdiction
- is subject to the securities and/or derivatives legislation of each Canadian jurisdiction where it has applied for registration, including the jurisdiction of any tribunals or any proceedings that relate to the registrant's activities under that securities and/or derivatives legislation
- waives any right to use lack of jurisdiction as a defence in any of those tribunals or proceedings.

Please attach the following documents:

- A completed Form 31-101F1
- Cheque payable to each of the regulators where the applicant firm is seeking registration
- Confirmation that insurance covers all jurisdictions where applying for registration

K. Collection of personal information

Securities regulators require personal information about the people listed on this form so they can complete their review of this application, and if the firm is approved, to assess whether the firm continues to meet the registration requirements.

Securities regulators may collect this information only under the requirements in securities and/or derivatives legislation and may only use personal information to administer and enforce provisions of the securities and/or derivatives legislation. Securities regulators may collect personal information from this application, police records, records of other regulators or self-regulatory organizations, credit records, employment records, government and private bodies or

agencies, individuals, corporations, and other organizations. <u>They may also collect personal</u> information indirectly.

Securities regulators may also provide personal information about the individuals listed on this form to other regulators, SROs or similar organizations or stock exchanges if required for an investigation or other regulatory issue.

If any one listed on this form has any questions about the collection and use of their personal information, they can contact the securities regulator in the relevant jurisdiction. See Schedule A for details. In Québec, they can also contact the Commission d'accès à l'information du Québec at 1-888-528-7741 or visit its website at www.cai.gouv.qc.ca.

By completing this section, you:

tribunals or proceedings;

Acknowledge that the securities regulator in the relevant jurisdiction(s) may collect personal information about the individuals listed on this form and to provide it to any regulator, SRO or similar organization or stock exchange if required for an investigation or other regulatory issue.

confirm that the individuals listed on this form have been notified that their personal information is disclosed on this form, the legal reason for doing so, how it will be used and who to contact for more information.

Name of authorized signing officer

| Title of authorized signing officer | |
|--|---|
| Signature | Date signed (YYYY/MM/DD) |
| L. Submission to jurisdiction and apportance (Those firms that are considered to be non-rewhere they are applying for registration.) | bintment of agent for service of process esident firms must complete this section for each jurisdiction |
| where you have submitted this for | m: derivatives legislation of each Canadian jurisdiction rm, including the jurisdiction of any tribunals or any tivities as a registrant under that securities and/or |
| • appoints the agent at the address l | below to be served any documents for any of these |

Jurisdiction where the applicant firm was incorporated _____

Name of the applicant firm ____

| Agent Contact Information | | |
|--|---|--|
| | igent) | |
| Address of agent in jurisdiction(s) where firm is applying for registration | | |
| | | |
| Firm Name (if applicable) | | |
| Telephone Number | Fax number | |
| E-mail address | | |
| | submission to jurisdiction and appointment of agent for ng changes occur within six years of the termination of the t for service changes | |
| • the firm changes its agent for se | ervice. | |
| The new submission for jurisdiction and filed at least 30 days before the change | d appointment for agent for service of process must be comes into effect. | |
| | pointment of agent for service of process is governed by tion of the relevant jurisdiction in Canada. | |
| Firm's authorization Name of applicant firm's authorized sign | gning officer | |
| Title of applicant firm's authorized sign | ning officer | |
| Signature | Date signed (YYYY/MM/DD) | |
| | gent for service of process for the applicant firm bmission to jurisdiction and appointment of agent for | |
| Name of agent's authorized signing off | icer | |
| Title of agent's authorized signing office | cer | |
| Signature | Date signed (YYYY/MM/DD) | |
| | | |

Please attach the following:

- 1. The firm's privacy statement for collection and disclosure of personal information
- 2. The firm's executed consent to collection of personal information

M. Signatures

By signing below, you confirm that:

- you have read and understand the questions in this form
- you understand that it is an offence under the securities and/or derivatives legislation to provide false or misleading information on this form
- all of the information provided on this form is true.

| Name of applicant firm | |
|--|--------------------------|
| Name of authorized signing officer | |
| Title of authorized signing officer | |
| Signature | Date signed (YYYY/MM/DD) |
| Witnessed by a lawyer, notary public or commission Name | |
| Title | |
| Signature | |
| Date signed (YYYY/MM/DD) | |

Schedule A

Who to contact if you have questions about the collection and use of your personal information.

Alberta

Alberta Securities Commission, 4th Floor, 300 B 5th Avenue S.W. Calgary, AB T2P 3C4

Attention: Information Officer Telephone: (403) 297-6454

British Columbia

British Columbia Securities Commission P.O. Box 10142, Pacific Centre 701 West Georgia Street Vancouver, BC V7Y 1L2

Attention: Freedom of Information Analyst

Telephone: (604) 899-6500 or (800) 373-6393 (in BC)

Manitoba

The Manitoba Securities Commission 500-400 St. Mary Avenue Winnipeg, MB R3C 4K5 Attention: Director – Legal

Telephone: (204) 945-0605

New Brunswick

New Brunswick Securities Commission Suite 300, 85 Charlotte Street Saint John, NB E2L 2J2

Attention: Director, Market Regulation

Telephone: (506) 658-3021

Newfoundland and Labrador

Securities Commission of Newfoundland and Labrador P.O. Box 8700, 2nd Floor, West Block Confederation Building St. John's, NF A1B 4J6 Attention: Director of Securities

Tel: (709) 729-4189

Nova Scotia

Nova Scotia Securities Commission 2nd Floor, Joseph Howe Building 1690 Hollis Street P.O. Box 458 Halifax, NS B3J 3J9

Attention: FOI Officer Telephone: (902) 424-7768

Northwest Territories

Government of the Northwest Territories P.O. Box 1320

Yellowknife, NWT X1A 2L9

Attention: Deputy Registrar of Securities

Telephone: (867) 920-8984

Nunavut

Legal Registries Division Department of Justice Government of Nunavut P.O. Box 1000 Station 570 Iqaluit, NU XOA 0H0

Attention: Deputy Registrar of Securities

Telephone: (867) 975-6190

Ontario

Ontario Securities Commission Suite 1903, Box 55 20 Queen Street West Toronto, ON M5H 3S8 Attention: FOI Coordinator

Telephone: (416) 593-8314

Prince Edward Island

Securities Registry
Office of the Attorney General B Consumer, Corporate and
Insurance Services Division
P.O. Box 2000

Charlottetown, PE C1A 7N8

Attention: Deputy Registrar of Securities

Telephone: (902) 368-4569

Québec

Autorité des marchés financiers Stock Exchange Tower P.O. Box 246, 22nd Floor 800 Victoria Square Montréal, PQ H4Z 1G3

Attention: Responsable de l'accès à l'information

Telephone: (514) 395-0337 or (877) 525-0337 (in Québec)

Saskatchewan

Saskatchewan Financial Services Commission 800 B1920 Broad Street Regina, SK S4P 3V7 Attention: Director

Telephone: (306) 787-5842

Yukon

Department of Community Services Yukon P.O. Box 2703 Whitehorse, YU Y1A 2C6

Attention: Registrar of Securities

Telephone: (867) 667-5225