

SEDI Registration Form 55-102F5

CDS INC.

Attention: SEDI Administrator
85 Richmond Street West
Toronto, Ontario M5H 2C9
Telephone: 1-800-219-5381
Fax: 1-866-729-8011

CDS INC.

Attention: SEDI Administrator
600 boulevard de Maisonneuve Ouest
Montreal, QC, Canada
H3A 3J2

SEDI user ID

Family name

Given names (in full)

Employer name and position

(Mandatory if you are an agent or an issuer representative)

Not Applicable

Residential Address (street name and number, etc.) Line 1

(Business address if you are an agent or an issuer representative) Line 2

Municipality (city, town, etc.)

Province, territory or state

Country

Postal code or zip code

Daytime telephone number - ext.

Fax number - Not Applicable

E-mail address Not Applicable

SEDI user classification

(Check all that apply.)

Agent - Files on behalf of insider(s) and/or issuer(s)

Insider - Files as an insider only

Issuer Representative- Files for one issuer only

I certify that the foregoing information is true in all material respects. I agree to update the information submitted on this form in SEDI as soon as practicable following any material change in the information. I agree that an executed copy of Form 55-102F5, if delivered to CDS INC. by facsimile, shall have the same effect as an originally executed copy delivered to CDS INC.

Signature:

Date: