

**Form B**

**Investment Dealer Trading in OTC Issuer Securities**

1. Date of reporting period: \_\_\_\_\_ to \_\_\_\_\_
2. Name of the firm: \_\_\_\_\_
3. For each dealing representative trading OTC issuer securities through an office in British Columbia, enter the following information in the table below:
  - (a) total agency commissions earned from trading OTC issuer securities during the calendar quarter,
  - (b) total agency commissions earned from trading equity securities, other than OTC issuer securities, during the calendar quarter, and
  - (c) proportion of commissions referred to in item 3(a) relative to the sum of the commissions referred to in items 3(a) and (b).

Dealing representative	(a) OTC issuer securities commissions	(b) Other equity securities commissions	(c) Proportion of commissions
			%
			%

4. Total agency commissions earned by the firm during the calendar quarter from trading OTC issuer securities through offices in British Columbia (the sum of column (a) of item 3): \_\_\_\_\_
5. Total agency commissions earned by the firm during the calendar quarter from trading equity securities, other than OTC issuer securities, through offices in British Columbia, including the agency commissions earned by dealing representatives that do not trade OTC issuer securities (the sum of column (b) of item 3, plus the commissions earned by dealing representatives that do not trade OTC issuer securities): \_\_\_\_\_
6. Proportion of commissions referred to in item 4 relative to the sum of the commissions referred to in items 4 and 5: \_\_\_\_\_%
7. Total number of deposits of OTC issuer securities refused under condition 9: \_\_\_\_\_

Provide relevant information for each attempted deposit including the following:

Date of attempted deposit: \_\_\_\_\_  
Name of issuer: \_\_\_\_\_  
Number of securities: \_\_\_\_\_  
Name of client: \_\_\_\_\_

Reason the deposit was refused and other relevant information:

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Additional comments: \_\_\_\_\_  
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\_\_\_\_\_  
Date

\_\_\_\_\_  
Individual designated under condition 6

Submit this form electronically through BCSC e-services or send this form to:

**Manager, Registration, Capital Markets Regulation**  
**British Columbia Securities Commission**  
P.O. Box 10142, Pacific Centre  
701 West Georgia Street  
Vancouver, BC V7Y 1L2  
Fax: (604) 899-6506