

Proposed Form 45-110F5
Annual Working Capital Certification

The funding portal certifies that it has sufficient working capital to continue its operations for at least the next 12 months.

On behalf of the funding portal, I certify that the statement made in this form is true and complete.

Full legal name of
funding portal:

Signature of the chief
executive officer, chief
financial officer or
functional equivalent:

Date:

Print name of
individual:

Position held:

Telephone:

E-mail:

IT IS AN OFFENCE TO MAKE A MISREPRESENTATION IN THIS FORM