

Corporate Beneficial Shareholder Information Statement

The purpose of this form is to collect information which securities dealers are required by law to obtain under the Proceeds of Crime (Money Laundering) and Terrorist Financing Act and by the By-laws, Regulations and Rules of the self-regulatory organizations governing securities dealers when opening an account.

1.	Corporation Name:		("Corporation")			
2.	Corporation Dealer Name:		("Dealer")			
3.	3. Account No. (if known):		("Account")			
4.	 4. The undersigned individual; (a) owns or controls, directly or indirectly, more than 10% of the shares of the Corporation; or (b) is the beneficial owner of, or exercises direct or indirect control or direction over, more than 10% of the voting rights attached to the outstanding voting securities of the Corporation. 					
	If any of the persons listed below is a business or entity.	of the persons listed below is a business or other entity, please attach another form for that business or other				
Please consult your financial advisor for instructions with respect to the determination of the beneficial owne control of shares of the Corporation held indirectly through one or more corporations or other entities.						
	Name: Address:		SS:			
	% Ownership/Control of shares:	% % Ow	nership/Control of voting securities%			
	Citizenship: Occupation:		Employer's Name:			
5.	The undersigned's Canadian Financial Institution	Information is s	et out below:			
	Name:					
	Financial Institution No.: Tra	ansit No.:	Account No.:			
	Address:					
	City: Provinc	e:	Postal Code:			
6.	• •	nge or an over- eelf an insider o	•			
7.	Does the undersigned: (a) beneficially own; or					

(c) have a combination of beneficial ownership of, and control or direction over,

(b) have control or direction over; or

directly or indirectly, securities of an Issuer carrying more than 10% of the voting rights attached to all of the Issuer's outstanding voting securities?

If yes, please list the Issuer(s):						
B. Does the undersigned or as part of a group, hold or control an Issuer?						
If yes, please list the Issuer(s):						
ii yes, piease list tile issuel(s)						
To: Dealer						
By signing below and with respect to the Account application form of the above-noted Corporation to which this Corporate Beneficial Shareholder Information Statement is attached or is related to:						
(a) I declare the foregoing inform	ation to be true and complete; and					
(b) The Dealer has the right and I hereby authorize them to conduct a credit check or obtain a credit report or credit file with respect to me and my business, if applicable, for the purposes of providing services to the Corporation and to verify my identity. The Dealer also has the right to use banking information, including without limitation information with respect to any deposit account I may have, in connection with the provision of services to the Corporation and to verify my identity and I hereby consent to the Dealer obtaining from my financial institution such information and agree that the Dealer may provide a copy or extract of this Corporate Beneficial Shareholder						
Information Statement to such	h financial institution to evidence such consent.					
Date (mm/dd/yyyy)	Name					
	Signature					
Dealer Use						
Beneficial Ownership verification of identification is NOT required if the Dealer is a member of the Investment Industry Regulatory Organization of Canada and the answers to sections 10(a) and (b) on the Corporate Information Statement are YES.						
BENEFICIAL SHAREHOLDER IDENT	TIFICATION – In person (attach photocopies of ID)					
Beneficial Shareholder Name:						
DOCUMENT #1						
Type of Document:	Document Reference No.:					
Place of Issue:	Expiry Date (mm/dd/yyyy):					
DOCUMENT #2						
Type of Document:	Document Reference No.:					
Place of Issue:	Expiry Date (mm/dd/yyyy):					

BENEFICIAL SHAREHOLDER IDENTIFICATION - Not in person

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The beneficial owner identification requirements below are to be completed when identifying the person not in person and using the Identification Product method together with the Confirmation of Deposit Account method.

(c) Date of confirmation (mm/dd/yyyy):	IDE	ENTIFICATION PRODUCT				
(c) Search reference number:		(a) Name of Identification product:	_			
(d) Date product used to ascertain identity (mm/dd/yyyy): CONFIRMATION OF DEPOSIT ACCOUNT (a) Name of Canadian financial institution: (b) Account number of deposit account (confirm same as on form): (c) Date of confirmation (mm/dd/yyyy): (d) Name of person spoken to at financial institution:		(b) Name of Entity offering product:				
CONFIRMATION OF DEPOSIT ACCOUNT (a) Name of Canadian financial institution: (b) Account number of deposit account (confirm same as on form): (c) Date of confirmation (mm/dd/yyyy): (d) Name of person spoken to at financial institution:		(c) Search reference number:				
(a) Name of Canadian financial institution:		(d) Date product used to ascertain identity (mm/dd/yyyy):				
(b) Account number of deposit account (confirm same as on form): (c) Date of confirmation (mm/dd/yyyy): (d) Name of person spoken to at financial institution:						
(c) Date of confirmation (mm/dd/yyyy):		(a) Name of Canadian financial institution:				
(d) Name of person spoken to at financial institution:		(b) Account number of deposit account (confirm same as on form):				
(d) Name of person spoken to at financial institution:						
Date (mm/dd/yyyy) Name of Individual completing identification verification	Dat	te (mm/dd/yyyy) Name of Individual completing identification verification	-			

NOTE TO DEALERS AND FINANCIAL ADVISORS

Signature

This form is provided as a courtesy only and B2B Bank Financial Services Inc., B2B Bank Securities Services Inc. and B2B Bank Intermediary Services Inc. make no representations or warranties that this form or its use satisfies the requirements of the Proceeds of Crime (Money Laundering) and Terrorist Financing Act or the By-laws, Regulations and Rules of any applicable self-regulatory organization. It is recommended that this form only be used with the prior approval of your Compliance Department.