

Name of Corporation: ___

Corporate 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.

Operating as (Trade Nar	me):							
Nature of Business (prin	ncipal business activity):							
Incorporation Number:				Place of Iss	sue:			
Date of Registration (mn	n/dd/yyyy):			Date Business St	arted (mm/dd/yyyy):			
		_						
Account No. (if known):		Our D	Dea	ler Name:				
Attached is: a. Mandatory: a copy of the Corporation's Articles of Incorporation and one of the following: b. Certificate of status issued by the Corporation's jurisdiction of incorporation dated less than 12 month's prior to the date hereof; or c. A copy of a Canadian federal, provincial, territorial or municipal notice of assessment in the name of the Corporation and dated less than 12 month's prior to the date hereof; or d. A copy of the Corporation's most recent annual return filed with the Corporation's jurisdiction of incorporation confirming the name and address of the directors of the Corporation as identified above, and bearing a "received" stamp of not more than 12 month's prior to the date hereof.								
For Corporations Onl	у							
Please provide the inform	ation below for all of the corpor	ation's directors	s (su	ubmit additional form	s if required)			
Director #1								
1–Mr. 2–Mrs. Last Nam 3–Miss 4–Ms. 5–Dr. 6–Prof.	e			First Name			Initials	
Residence address (street # a	P.O. Box number)		City		Province			
Postal code	Date of birth (mm/dd/yyyy)	Citizenship			Telephone			
Email		I			<u> </u>			
Employer		Status (examples: *If status is either "Re	: em	nployed, unemployed d or Unemployed" pleas	d, retired, student, never wo se provide your previous Industry	rked) //Type of Business and Detai	iled occupation.	
Industry/Type of Business (ex	camples: entertainment, food service	e)	Det	tailed Occupation (ex	kamples: actor, cook)			
Director #2								
1–Mr. 2–Mrs. Last Nam 3–Miss 4–Ms. 5–Dr. 6–Prof.	е			First Name			Initials	
Residence address (street # a	and name, apartment #) (not only a	P.O. Box number)		City		Province		
Postal code	Date of birth (mm/dd/yyyy)	Citizenship			Telephone			
Email		I						
Employer	Status (examples: employed, unemployed, retired, student, never worked) *If status is either "Retired or Unemployed" please provide your previous Industry/Type of Business and Detailed occupation.							
Industry/Type of Business (ex	e)	Det	tailed Occupation (ex	(amples: actor, cook)				



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Director #3						
1–Mr. 2–Mrs. Last Nam 3–Miss 4–Ms. 5–Dr. 6–Prof.	ne		First Name			Initials
Residence address (street #	and name, apartment #) (not only a	P.O. Box number)	City		Province	
Postal code	Date of birth (mm/dd/yyyy)	Citizenship		Telephone		
	24.6 0. 2.1.1. (Giazorioriip		relephone		
Email	1	1		1		
Employer		Status (examples: e	mployed, unemploye	d, retired, student, never wo se provide your previous Industr	orked)	
		*If status is either "Retii	ed or Unemployed" plea	se provide your previous Industr	y/Type of Business and De	tailed occupation.
Industry/Type of Business (e	examples: entertainment, food service	re) [etailed Occupation (examples: actor, cook)		
The following individuals	own or control, directly or indire	ectly, more than 10°	% of the shares of	the Corporation.		
Attach additional she	•					
	financial advisor for instructions eld indirectly through one or mo			the beneficial ownership	or control of shares	
For each individual id	entified below, please complete	and attach a Corp	orate Beneficial SI	nareholder Information S	Statement.	
INDIVIDUAL A						
Name:					rship/Control:	
INDIVIDUAL D			% (Ownership/Control of vot	ing securities:	%
INDIVIDUAL B				% Owne	rship/Control:	%
			% (Ownership/Control of vot		
INDIVIDUAL C					<u> </u>	
Name:				% Owne	rship/Control:	%
			% (Ownership/Control of vot	ing securities:	%
The following list contain	the names of the signing office	re				
Attach additional sh	0 0	15.				
	dentified below, please complete	and attach a Corp	orate Authorized	Signing Officer Statemer	nt.	
		•				
INDIVIDUAL A						
Name:						
INIDIA/IDIAA						
INDIVIDUAL B						
ivanic						
INDIVIDUAL C						
Name:						



Corporate Information Statement

1.								
١.	(a)				, ,	ory Organization of Canada	• •	•
	(b)					vestment Industry Regulator re than 10% of the shares o	y Organization of Canada's require f the Corporation:	ements to verify the identity Yes No
	(c)	☐ The Co manag regulat	orporatio ement c ory regir	n is or is an affiliate ompany, pension fune in the country in	nd, securities dealer o which it is located.		sse populaire, insurance company er or similar financial institution sul	
					does not need to be their identity must be			
2.	The (Corporation	is a not	-for-profit organizat	ion:			☐ Yes ☐ No
	If Ye	s:	(a)	•	is a charity registered		gency and, if yes, the Corporation	n's charitable registration
		1	(b)	the Corporation	is an organization tha	at solicits charitable financi	al donations from the public:	☐ Yes ☐ No
arry	Cilai		annv	information				he Dealer in writing of
Da	te (m	ım/dd/yyy		e information.	 Name			
Da	te (m			e information.	Name Title			
Da	te (m			e information.	Title Signature	ty to bind the Corporat	ion.	
	te (m	ım/dd/yyy		e information.	Title Signature	ty to bind the Corporat	ion.	
De	aler	ım/dd/yyy	уу)	complete.	Title Signature	ty to bind the Corporat	ion.	
De Re	aler	ım/dd/yyy	yy) red and		Title Signature I have authorit	ty to bind the Corporat		

NOTE TO DEALERS AND FINANCIAL ADVISORS

This form is provided as a courtesy only and B2B Bank Securities 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.

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