

Third Party Statement Request

FAX to: Direct Trading (416) 413-0733 B2B Bank Discount Brokerage ("B2BBDB")

A division of B2B Bank Securities Services Inc.

CLIENT INFORMATION:	
LAST NAME FIRS	ST NAME
B2BBSSI ACCOUNT NUMBER	
PLEASE PROVIDE COPIES OF MY ACCOUNT ST	TATEMENTS BY MAIL TO:
NAME	
TITLE	
ADDRESS	
CITY	
PROVINCE	
POSTAL CODE	
AUTHORIZATION:	
I hereby request and authorize the instructions stated	above.
AUTHORIZED SIGNATURE	AUTHORIZED SIGNATURE (if more than one signature is required).
DATE (mm/dd/yyyy)	DATE (mm/dd/yyyy)