

CORPORATE INVESTOR INFORMATION FORM

COMPANY NAME _____

BUSINESS NUMBER _____

MAILING ADDRESS _____

OFFICE ADDRESS _____

AUTHORIZED SIGNATORY NAME _____

TITLE OF SIGNATORY _____

IS THE SIGNATORY A RESIDENT OF BC? YES NO

IF NO, PLEASE LIST THE COUNTRY OF RESIDENCE _____

HOME PHONE NO. _____

WORK PHONE NO. _____

EMAIL ADDRESS _____

AMOUNT YOU WOULD LIKE TO INVEST:

\$

Please provide a copy of your driver's licence and a void cheque.

I ELECT TO RECEIVE QUARTERLY DIVIDENDS AS FOLLOWS:

Reinvest as Additional Preferred Shares

Receive Dividend as Cash

By signing below, I certify all information is true and correct to the best of my knowledge.

Signature