

DRS DEPOSIT REQUEST FORM

HOLDER & CONTACT INFORMATION				
Regi	stered Securityholder Name:		Holder Account Number (optional):	
Name of Securities Held (Issuer/Class):			Certificate Number(s) (if applicable):	
Current Address:				
Former Address (if Address Changed):				
Email Address*:		Telephone Number:		
SIGNATURE OF REGISTERED SECURITYHOLDER(S)				
By signing, I/we agree to deposit our share certificates to the Direct Registration System (DRS).				
Χ	X		Date:	
INSTRUCTIONS				
1.	To deposit certificates registered in your name to the Direct Registration System (DRS) to remain in your name, complete the information on this form above, sign and date in the space provided above, and send together with the original securities certificate(s) to:			
	Capital Transfer Agency 390 Bay Street, Suite 920 Toronto, ON M5H 2Y2			
Attn:Operations Department				
3.	 Do not endorse the certificates. We will process the deposit of your certificates to DRS within three (3) business days, and we will mail a DRS statement to your current email or mailing address, as provided by you above, to confirm the deposit and your current DRS balance. 			
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PRIVACY NOTICE: We take your privacy seriously. In providing services to you and the issuers in which you hold securities, we receive non-public, personal information about you. This information may include your name, address, social insurance number, securities ownership information and other financial information. We do not share non-public personal information with any third party except as necessary to process a transaction, service your account or as permitted by law.