CLIENT AUTHORIZATION FORM



1. CLIENT INFORMATION			
Last Name:	First Name and Initials:		
2. THIS AUTHORIZATION APPLIES TO: (select one of the below)			
Account C only.			
All of my accounts maintained by Computershare Trust Company of Canada.			
3. CLIENT AUTHORIZATION			
I hereby authorize Computershare Trust Company of Canada (Computershare) to provide the below mentioned third party(ies) all requested personal and financial information pertaining to my account(s).			
Dealing Representative	of		
Name	Company Name		
Exempt Market Dealer	Name of Exempt Market Dealer		
I also authorize the above mentioned Dealing Representative to provide direction to Computershare with respect to payment of any fees from my account(s). This Client Authorization form shall remain valid until such time as I provide written instructions to terminate or modify the information provided.			
Client's Signature:	Year	Month	Day
Deliver form to: Computershare Trust Company of Canada Attn: Private Capital Solutions 2 nd Floor, 510 Burrard St. Vancouver, BC V6C 3B9 Fax: (604) 661-9401 Email: PCSprocessing@computershare.com	•		