



**APPLICATION FOR RECOGNITION
AS AN EXEMPT PURCHASER UNDER CLAUSE 19(1)(b) OF *THE SECURITIES ACT***

Note: Should any space prove to be insufficient, attachments may be made, cross-referencing each attachment with the item to which it pertains, provided it is initialed by applicant and the Commissioner taking the affidavit.

Application is made for recognition as an exempt purchaser under *The Securities Act*, and the following information is furnished in connection therewith.

1. (a) Name of applicant _____
- (b) Address for service _____
- (c) Telephone number _____
- (d) Email Address _____

2. State whether the applicant is a trustee, partnership, unincorporated association, unincorporated organization, unincorporated syndicate, executor, administrator, or other legal personal representative or company.

3. Date of incorporation, formation or appointment of the applicant, as the case may be

4. Authority under which established

5. Names in full of all officials and directors, trustees, partners or appointed representatives, as may be applicable, giving occupations for the past five years

6. State fully the powers of investment and restrictions stipulated by the instrument of incorporation, trust indenture, partnership agreement, articles of association, or other instrument.

7. State the approximate value of the investment portfolio of the applicant

8. State any other relevant facts, including reasons why the applicant feels he should be entitled to the exemption requested.

Dated at _____

(name of applicant)

this _____ day of _____, 20 _____

By _____
(signature)

(official capacity)

AFFIDAVIT

IN THE MATTER OF *THE SECURITIES ACT*

| | | |
|----------------------|---|------------------------------|
| Province of Manitoba |) | I, _____ |
| |) | (name in full) |
| |) | |
| |) | of the _____ of _____ |
| |) | |
| To Wit: |) | in the Province of Manitoba. |

MAKE OATH AND SAY:

1. I am the applicant or one of the trustees, partners, executors, administrators, the legal personal representative or an official of the applicant, as the case may be, and I signed the application on behalf of the applicant.
2. The statements of fact made in the application are true.

SWORN before me at the _____)
of _____)
in the Province of Manitoba)
this ____ day of _____, 20____,)
))
)

(a Commissioner, etc.)

(signature of deponent)

NOTE: THERE IS NO FORM 7