



CANADIAN UNLISTED BOARD INC[®]

OTC USER EMPLOYEE ACCESS REQUEST FORM

FOR INTERNAL USE ONLY

ID number:	
Password:	
Date CUB received:	

Each User employee (“Applicant”) requiring access to the OTC Canadian Unlisted Board[®] (“CUB[®]”) must complete and sign an OTC User Employee Access Request Form. Once the completed form has been submitted and approved by CUB, CUB staff will provide the Applicant with an ID number and password.

Applicant Information:

Last Name		First Name, & Initial	
Registered Dealer “User”:			
Area Code: Applicant Direct Telephone:	Area Code: FAX number:	Email Address:	
Address where Applicant will be located (street, city, province, postal code):			

Applicant hereby requests ID and password for access to CUB. Applicant acknowledges that he/she has read and agrees to conduct themselves in accordance with the Canadian Unlisted Board Inc. User Agreement and the OTC Terms and Conditions.

Dated at _____ this _____ day of _____ 20 ____

Signature of Applicant

Authorized signatory of User

Authorized signatory of User

Canadian Unlisted Board Inc.

Dated at _____ this _____ day of _____ 20 ____

Authorized signatory of CUB

Completed CUB form to be returned as follows:
Toronto Stock Exchange, The Exchange Tower, 130 King Street West, Toronto, On, M5X 1J2 c/o Trading Services
TEL 416-947-4357 FAX: 416-947-4280