

Application for SEDAR Filing Services

To: **ALBERTA SECURITIES COMMISSION**
c/o CSA Service Desk
 Attn: SEDAR Filing Service Contractor
 12 Millennium Blvd, Suite 210,
 Moncton, NB E1C 0M3

Fax: 1-866-729-8011

Email: sedar@csa-acvm.ca

Legal name of subscriber (in full):

Check here if this is a new name. Please state previous name below and attach proof of name change.

Previous name

Please check one:

Initial SEDAR Form 1: The subscriber below hereby applies for access to the SEDAR Filing Service. Subscriber must complete all sections.

Change to Previous SEDAR Form 1: The subscriber below hereby advises the ASC of the changes in subscriber information noted on this SEDAR Form 1. These changes are effective on the date signed below. If any fields are not completed, the Subscriber confirms that the information of these fields has not changed since the Subscriber's previous SEDAR Form 1 was filed. Subscriber must provide legal name in section 1 and sign certificate in section 5

Section 1: Subscriber Information

Business Address (street name and number – no P.O. Box please):			Billing Address (if different):		
City/Town:	Province/Territory:	Postal Code:	City/Town:	Province/Territory:	Postal Code
Telephone No. ()	Fax No. ()		Telephone No. ()	Fax No. ()	
Type of Subscriber: <input type="checkbox"/> Electronic Filer		<input type="checkbox"/> Filing Agent	Company Website Address:		

Section 2: Subscriber's Contacts

(Please provide 2 contacts of each type, if possible. Primary Principal Contact will receive all assigned identification numbers, passwords and correspondence relating to your subscription.)

Primary	Alternate
Principal Contact: _____	Principal Contact: _____
Title: _____	Title: _____
Telephone No. (direct line/ext.): ()	Telephone No. (direct line/ext.): ()
Email Address: _____	Email Address: _____
Specimen Signature: _____	Specimen Signature: _____
Technical Contact: _____	Technical Contact: _____
Title: _____	Title: _____
Telephone No. (direct line/ext.): ()	Telephone No. (direct line/ext.): ()
Financial Contact: _____	Financial Contact: _____
Title: _____	Title: _____
Telephone No. (direct line/ext.): ()	Telephone No. (direct line/ext.): ()

Section 3: Filing Service Options

Number of Software Licenses Required (one for each PC installation): _____

Check here if this SEDAR Form 1 includes a request for additional licenses and indicate number: _____

Operating System of PC: Windows Vista (32 or 64 bit) Windows 8.1 (32 or 64 bit)

Windows 7 (32 or 64 bit) Windows 10 (32 or 64 bit)

The SEDAR software is downloaded from www.SEDAR.com.

Documentation to be provided in what language: English French

Total number of user IDs required: _____

Section 4: Electronic Payment Information

Name of financial institution: _____

Note: Electronic bank account information must be confirmed by the financial institution's head office.

Number of users required to authorize payments:

1 User ID 2 User IDs

User ID payment limit (*applies only to IDs designated as "Payment Authority up to the Payment Limit"*) \$ _____

Request User IDs:

Name of filer	Location (Province)	No payment authority	Payment authority up to the payment limit (selected) above	Unlimited payment authority
1. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*The filer name and address associated with any User ID can be changed in the User Information screen. This function should be utilized to reassign IDs internally.

Request IDs to be deleted (*please list, if any*): _____

Section 5: Certification and Acknowledgement of Subscriber

The undersigned Subscriber hereby certifies that the foregoing information is true in all material respects, and acknowledges that all access to and use of the SEDAR Filing Services shall be subject to the Subscriber's express acceptance of the terms and conditions of the SEDAR Filing Service Subscriber's Agreement, the software license agreements and related materials delivered in connection therewith (collectively the "Agreement"). The use of any assigned identification numbers and passwords by any Subscriber's authorized users for access to SEDAR Filing Services shall be deemed acceptance of the terms of the Agreement.

If this is a change to a previous SEDAR Form 1, this certification may be signed by the Principal Contact on behalf of the Subscriber except if the change is of a Principal Contact, in which case this certification must be duly authorized by the Subscriber.

Signature of subscriber or authorized representative (or principal contact* – for changes to previous SEDAR Form 1):	Date:
Name of subscriber or authorized representative or principal contact signing above (please print):	
Title of authorized representative (if applicable) to be completed below or, if signed by principal contact, check in box: <input type="checkbox"/>	