

Whistleblower Submission Form

FORM C

For a lawyer
representing
whistleblower(s)

Complete this form IF you are a lawyer representing a whistleblower (or a group of whistleblowers) who wish to be anonymous.

If you are an individual whistleblower, please complete **Form A** instead.
If you are a group of whistleblowers acting jointly, please complete **Form B** instead.

1

Who is involved?

2

What happened?

3

Supporting documents

4

About the whistleblower(s)

5

Counsel certification



Your client, the whistleblower, must have provided you with a completed and signed Whistleblower Submission Form including a Whistleblower Certification, the original of which you must retain in your records.

PART 1

1

WHO IS INVOLVED IN THE MISCONDUCT?

A

Who are the individuals involved in the misconduct?

INDIVIDUAL #1			
NAME	First	Last	Job position/Title
ADDRESS	Street	City	Province/State
	Country	Phone number	Email
INDIVIDUAL #2			
NAME	First	Last	Job position/Title
ADDRESS	Street	City	Province/State
	Country	Phone number	Email

(List the required information for any additional individuals on **Attachment 1** at the end of this form.)

1

Who is involved?

2

What happened?

3

Supporting documents

4

About the whistleblower(s)

5

Counsel certification

B

Who are the entities involved in the misconduct?

ENTITY #1			
NAME			
ADDRESS	Street	City	Province/State
	Country	Phone number	Website
ENTITY #2			
NAME			
ADDRESS	Street	City	Province/State
	Country	Phone number	Website

(List the required information for any additional entities on Attachment 2 at the end of this form.)

C

At the time of the misconduct, were, or are, any of the individuals in A) above an employee, officer or director (a member of the board of directors) at any of the entities in B) above?

YES NO I DON'T KNOW

If YES , identify which entities the individual was or is an employee, officer or director of, at the time of the misconduct:	
Individual #1	<input type="radio"/> Entity #1 <input type="radio"/> Entity #2 <input type="radio"/> Entity #__
Individual #2	<input type="radio"/> Entity #1 <input type="radio"/> Entity #2 <input type="radio"/> Entity #__
Individual #__	<input type="radio"/> Entity #__

1

Who is involved?

2

What happened?

3

Supporting
documents

4

About the
whistleblower(s)

5

Counsel
certification

If **NO**, if you know, please indicate where the individual in A) above was employed at the time of the misconduct:

Individual #1	Entity name
Individual #2	Entity name
Individual #__	Entity name

1

Who is involved?

2

What happened?

3

Supporting documents

4

About the whistleblower(s)

5

Counsel certification

PART

2

WHAT HAPPENED?

A

What type of securities-related misconduct do you believe has occurred, is presently occurring, or will occur? Check all that apply.

- Illegal insider trading and/or tipping
Fraud
Corporate disclosure and/or financial statements
Illegal distribution and/or unregistered trading
Other; please describe:
I don't know

B

When did or when will each type of misconduct identified in A) above occur? Check all that apply.

- The misconduct occurred in the past. Specify type of misconduct (from A.) above: At what date ranges did it occur? From ___/___ (Year/Month) To ___/___ (Year/Month) I don't know
The misconduct is currently ongoing. Specify type of misconduct (from A.) above: At what date did it start? From ___/___ (Year/Month) I don't know
The misconduct is about to occur sometime in the future. Specify type of misconduct (from A.) above:
I don't know; Specify type of misconduct (from A.) above:

C

Describe the facts that lead you to believe that the above misconduct has occurred, is presently occurring, or is about to occur. Be as specific as possible.

(Provide any additional information on the back of this form or on a separate sheet of paper and attach it to this form.)

1

Who is involved?

2

What happened?

3

Supporting
documents

4

About the
whistleblower(s)

5

Counsel
certification

D

How did you learn about the above misconduct?

(Provide any additional information on the back of this form or on a separate sheet of paper and attach it to this form.)

E

When did you learn about the above misconduct? Year ____, Month __

F

What do you believe is the magnitude of the misconduct? (For example, how much money is involved? How many people are being harmed?)

(Provide any additional information on the back of this form or on a separate sheet of paper and attach it to this form.)

1

Who is involved?

2

What happened?

3

Supporting documents

4

About the whistleblower(s)

5

Counsel certification

PART 3

SUPPORTING DOCUMENTS

A Do you currently have documents or materials in your possession or control, that you wish to provide to the OSC, to support the misconduct?

YES NO

If **YES**, if you are attaching files stored on a physical storage medium (such as a USB thumb drive) and/or physical documents, please describe each document and provide details below.



Please do not reference or attach any documents that may reflect legal advice, that are communications with a lawyer for the purpose of obtaining legal advice or related working papers or that may otherwise be subject to solicitor-client privilege.

	Document description	How was it obtained?	Is it likely to reveal your identity? If yes, please explain
1.			
2.			
3.			
4.			
5.			

(If necessary, provide any additional information on a separate sheet of paper and attach it to this form.)

B Are there additional documents or materials available to support the misconduct which are not in your possession or control?

YES NO I DON'T KNOW

If **YES**, please describe the additional documents and the location of each document. Please also indicate if any of the additional documents are likely to reveal your identity.



Please do not reference any documents that may reflect legal advice, that are communications with a lawyer for the purpose of obtaining legal advice or related working papers or that may otherwise be subject to solicitor-client privilege. We do not expect you to obtain documents or other things that are not in your possession or control.

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1

Who is involved? What happened?

2

3

Supporting
documents

4

About the
whistleblower(s)

5

Counsel
certification**PART 4****ABOUT THE WHISTLEBLOWER(S)****A****Have you or the whistleblower(s) had any prior communication with the OSC regarding this matter?** YES NO I DON'T KNOWIf **YES**, please specify:

- i) Person at the OSC (if known) that you dealt with: _____
- ii) Date of your initial communication (Year, Month, Day): _____

B**Have you or the whistleblower(s) had any communication with another securities regulator, self-regulatory organization (such as the Investment Industry Regulatory Organization of Canada (IIROC), or the Mutual Fund Dealers Association (MFDA)), government official, or a law enforcement agency regarding this matter?** YES NO I DON'T KNOWIf **YES**, please specify:

- i) Organization(s): _____
- ii) Person at the organization (if known) that you dealt with: _____
- iii) Date of your initial communication (Year, Month, Day): _____
- iv) Action taken by that party (if any, if known): _____

C**Are you or the whistleblower(s) involved in legal proceedings regarding this matter?** YES NO I DON'T KNOWIf **YES**,

- i) What is your or that person's involvement in the legal proceedings? For example, are you or that person a plaintiff, defendant or witness?
- ii) Describe the type and timing of the legal proceedings.

(If necessary, provide any additional information on a separate sheet of paper and attach it to this form.)

1

Who is involved?

2

What happened?

3

Supporting
documents

4

About the
whistleblower(s)

5

Counsel
certification

D Did the whistleblower(s) obtain this information while conducting an inquiry or investigation into possible violations of law?

YES NO I DON'T KNOW

If **YES**, please detail:

E Were the whistleblower(s) involved in the misconduct?

YES NO PREFER NOT TO ANSWER

If **YES**, please describe their involvement:

F Is there anything else you would like to tell us?

1

Who is involved?

2

What happened?

3

Supporting
documents

4

About the
whistleblower(s)

5

Counsel
certification

G

LAWYER'S CONTACT INFORMATION

Lawyer's Name	Name of Law Firm	
Street	City	Province/State, Country
Daytime Phone	Email	

1

Who is involved?

2

What happened?

3

Supporting
documents

4

About the
whistleblower(s)

5

Counsel
certification**PART 5 COUNSEL CERTIFICATION**

- 1 I confirm that I have read OSC Policy 15-601 – Whistleblower Program; and explained it to my client, the whistleblower in this matter.
- 2 I confirm that I have verified the whistleblower's identity by viewing valid government issued identification of the whistleblower.
- 3 I confirm that the whistleblower has provided me with a complete and signed Whistleblower Submission Form including a Whistleblower certification, the originals of which I retain in my records.
- 4 I have confirmed with the whistleblower that, to the best of their knowledge and belief, the information submitted is true and complete.

As the lawyer representing the whistleblower, please agree to the above counsel certification.

I, _____, certify that I have read and agree to the above.
(Print Name)

(Signature)

(Date)

Please mail the Whistleblower Submission Form, and include supporting documents or materials, to the following address:

Office of the Whistleblower - Confidential
Ontario Securities Commission
22nd Floor
20 Queen Street West
Toronto, ON M5H 3S8

1

2

3

4

5

A

Who is involved?

What happened?

Supporting documents

About the whistleblower(s)

Counsel certification

Attachments

ATTACHMENT

1. WHO ARE THE INDIVIDUALS INVOLVED IN THE MISCONDUCT?

Please provide details of additional individuals involved in the misconduct here.

INDIVIDUAL #3

NAME	First	Last	Job position/Title
ADDRESS	Street	City	Province/State
	Country	Phone number	Email

INDIVIDUAL #4

NAME	First	Last	Job position/Title
ADDRESS	Street	City	Province/State
	Country	Phone number	Email

INDIVIDUAL #5

NAME	First	Last	Job position/Title
ADDRESS	Street	City	Province/State
	Country	Phone number	Email

1

2

3

4

5

A

Who is involved?

What happened?

Supporting documents

About the whistleblower(s)

Counsel certification

Attachments

ATTACHMENT

2. WHO ARE THE ENTITIES INVOLVED IN THE MISCONDUCT?

Please provide details of additional entities involved in the misconduct here.

ENTITY #3

NAME

ADDRESS

Street	City	Province/State
Country	Phone number	Website

ENTITY #4

NAME

ADDRESS

Street	City	Province/State
Country	Phone number	Website

ENTITY #5

NAME

ADDRESS

Street	City	Province/State
Country	Phone number	Website

(Page left intentionally blank. Please provide any additional information here, as necessary.)