

**REGISTRATION FORM - ADVISER**

Include instructions for completion.

Definition of Terms

Is this an:     **9** Initial Application     **9** Amendment

**GENERAL INFORMATION**

NRD No.

- 1. Full Name of the Adviser:  
*(if sole proprietor state last, first and middle name)*
  
- (a) Name under which you primarily conduct your advisory business, if different from above:
  
- (b) Has the applicant, or to the best of the applicant's information and belief, has any affiliate of the applicant, operated under, or carried on business under, any name other than the name shown in this application? ..... **9**Yes   **9** No  
  
If "yes" list on Schedule "D", Section I - *Other Business names Previously Used*, any other names under which the firm has previously conducted business (firm history required for last 10 years).
  
- (c) List on Schedule "D", Section II - *Other Business Names Currently in Use*, any other names under which the firm currently conducts business (e.g. trade names)

***Head Office***

- 2. Head Office Business Address *(do not use a P.O. Box)*  
*(number, street, city, province/territory, postal code)*
  
- (a) Mailing Address (if different than above) *(do not use a P.O. Box)*  
*(number, street, city, province/territory, postal code)*
  
- (b) Days of the week business is normally conducted at head office:  
**9** Monday to Friday  
**9** Other (specify): \_\_\_\_\_
  
- (c) Hours business is conducted at this location  
*(from \_\_\_\_\_ to \_\_\_\_\_)*
  
- (d) Area Code + Telephone Number
  
- (e) Fax Number
  
- (f) Do you have a Website address? ..... **9**Yes   **9** No  
If "yes", list all addresses below:  
  
1. \_\_\_\_\_  
  
2. \_\_\_\_\_  
  
3. \_\_\_\_\_

## REGISTRATION FORM - ADVISER

### ***Authorized Firm Representative***

*(i.e. an employee whom you have authorized to receive information and respond to questions about this Form)*

3. Name of Authorized Firm Representative *(last, first and middle name)*:

Title of Authorized Firm Representative:

*Complete the following information for the Authorized Firm Representative:*

(a) Business Address *(do not use a P.O. Box)*  
(number, street, city, province/territory, postal code)

(b) Area Code + Telephone

(c) e-mail Address

(d) Fax Number

***Branches*** For each Branch Office location please complete the following information:

Check only one box:             Add             Delete             Amendment

4. NRD Branch No.

(a) Name of Branch Manager

(b) Business Address *(do not use a P.O. Box)*  
(number, street, city, province/territory, postal code)

(c) Mailing Address (if different from above) *(do not use a P.O. Box)*  
(number, street, city, province/territory, postal code)

(d) Area Code + Telephone Number

(e) Fax Number

(f) Website Address

***Sub-branches*** For each Sub-Branch Office location please complete the following information:

Check only one box:             Add             Delete             Amendment

5. NRD Sub-Branch No.

(a) Business Address *(do not use a P.O. Box)*  
(number, street, city, province/territory, postal code)

(b) Mailing Address (if different from above) *(do not use a P.O. Box)*  
(number, street, city, province/territory, postal code)

(c) Area Code + Telephone Number

(d) Fax Number

(e) Website Address

(f) State which location supervises this Sub-Branch:  
Business Address *(do not use a P.O. Box)* (number, street, city, province/territory, postal code)

## REGISTRATION FORM - ADVISER

### SRO AND SECURITIES COMMISSION

6. Indicate by checking the appropriate box(es) each Self Regulatory Organization (SRO) and/or Securities Commission in which the applicant is a member/registered or applying for membership/registration:

#### Currently Registered

#### Registering

- British Columbia Securities Commission
- Alberta Securities Commission
- Saskatchewan Securities Commission
- Manitoba Securities Commission
- Ontario Securities Commission
- Commission des valeurs mobilières du Québec
- New Brunswick Office of the Administrator
- Nova Scotia Securities Commission
- Prince Edward Island Registrar of Securities
- Newfoundland Securities Division
- Northwest Territories Securities Registries
- Yukon Territory Registrar of Securities
- Nunavut
  
- Investment Dealers Association of Canada
- Mutual Fund Dealers Association
- Canadian Venture Exchange (CNDX)
- Montreal Exchange
- Toronto Stock Exchange
- Toronto Futures Exchange
- Winnipeg Commodity Exchange

- British Columbia Securities Commission
- Alberta Securities Commission
- Saskatchewan Securities Commission
- Manitoba Securities Commission
- Ontario Securities Commission
- Commission des valeurs mobilières du Québec
- New Brunswick Office of the Administrator
- Nova Scotia Securities Commission
- Prince Edward Island Registrar of Securities
- Newfoundland Securities Division
- Northwest Territories Securities Registries
- Yukon Territory Registrar of Securities
- Nunavut

7. Indicate by checking the appropriate box(es) each Self Regulatory Organization (SRO,) Securities Commission and/or Other Regulator in which the applicant is a member/registered:

- SEC
- US State Regulators
  
- Other (specify - other than noted in Item #6): \_\_\_\_\_

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**REGISTRATION CATEGORY**

8. Indicate by checking the appropriate box(es) each category of registration in which the applicant is registered or registering:

	<b>Currently Registered</b>	<b>Registering</b>
	<input type="checkbox"/> Securities Dealer <input type="checkbox"/> Investment Dealer <input type="checkbox"/> Mutual Fund Dealer <input type="checkbox"/> Limited Market Dealer <input type="checkbox"/> Scholarship Plan Dealer <input type="checkbox"/> Underwriter <input type="checkbox"/> Exchange Contract Dealer <input type="checkbox"/> Commodities Dealer <input type="checkbox"/> Real Estate Securities Dealer <input type="checkbox"/> International Dealer <input type="checkbox"/> Securities Issuer	<input type="checkbox"/> Investment Counsel <input type="checkbox"/> Portfolio Manager <input type="checkbox"/> Securities Advisers <input type="checkbox"/> Financial Advisers

**AUDITORS**

9. Indicate the name of the audit firm, contact person, address, telephone and fax numbers and e-mail address of the firm's auditor:

Contact Person (Name and Title) .....

Firm .....

Address .....

Area Code + Telephone Number .....

e-mail Address .....

Fax Number .....

10. Is a letter from the auditors acknowledging that this audit firm is the auditor for the applicant on file at the firm? .....  Yes  No

If not, why .....

**BUSINESS STRUCTURE**

11. State the fiscal year end date for the adviser firm month\_\_\_\_\_ day \_\_\_\_\_

12. Indicate legal status of the applicant:

Corporation

Partnership

Limited Partnership

Sole Proprietorship

Other (specify) \_\_\_\_\_

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13. If other than a sole proprietor, indicate date and place applicant obtained its legal status (i.e. province/state or country where incorporated, where partnership agreement was filed, or where applicant entity was formed):

Province/State of establishment: \_\_\_\_\_ Date of establishment: \_\_\_\_\_  
(MM/DD/YYYY)

Province/State of establishment: \_\_\_\_\_ Date of establishment: \_\_\_\_\_  
(MM/DD/YYYY)

Province/State of establishment: \_\_\_\_\_ Date of establishment: \_\_\_\_\_  
(MM/DD/YYYY)

14. Supporting documents submitted to primary jurisdiction include:

Articles of Incorporation/Sole Proprietor	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Participation in Contingency Trust Fund	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Financial Institution Bond	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Statement of Policies or Forms 69/70	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Policies and Procedures Manual	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Audited Financial Statements	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Proof of Adequate Capital	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Subordination Agreement in Proper Format	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

### INFORMATION ABOUT YOUR ADVISORY BUSINESS

The following questions are geared to assist us in understanding your business and to assist us in preparing for on-site compliance examinations.

#### *Employees*

15. How many employees do you have (do not include any clerical workers)?

- 1 - 5
- 6 - 10
- 11 - 50
- 51 - 250
- 251 - 500
- 501 - 1,000
- more than 1,000

If more than 1,000 please state how many \_\_\_\_\_

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16. How many of these employees:

(a) perform investment advisory functions (including research)?

- 1 -5
- 6 - 10
- 11 - 50
- 51 - 250
- 251 - 500
- 501- 1,000
- more than 1,000

If more than 1,000 please state how many \_\_\_\_\_

(b) solicit advisory clients?

- 1 -5
- 6 - 10
- 11 - 50
- 51 - 250
- 251 - 500
- 501- 1,000
- more than 1,000

If more than 1,000 please state how many \_\_\_\_\_

***Clients***

17. In the past fiscal year, to how many clients did you provide advisory services?

- 0
- 1 - 10
- 11 - 25
- 26 - 100
- 101 - 250
- 251 - 500
- more than 500

If more than 500 please state how many \_\_\_\_\_

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18. Indicate the type of client you have by checking the appropriate categories below. This chart indicates the type of client as a percentage of the total number of clients.

	Up to 10%	11-25%	26-50%	51-75%	over 76%
Individuals (other than high net worth individuals)	9	9	9	9	9
High net worth individuals	9	9	9	9	9
Banking institutions	9	9	9	9	9
Investment companies (including mutual funds)	9	9	9	9	9
Pension funds	9	9	9	9	9
Other pooled investment vehicles (e.g. hedge funds)	9	9	9	9	9
Charitable Organizations	9	9	9	9	9
Corporations or other businesses not noted above	9	9	9	9	9
Government entities	9	9	9	9	9
Other (specify): _____	9	9	9	9	9

***Compensation Arrangements***

19. You are compensated for your investment advisory services by (check all that apply):

- a percentage of assets under your management
- hourly charges
- subscription fees (for a newsletter or periodical)
- fixed fees (other than subscription fees)
- commissions
- performance based fees
- Other (specify): \_\_\_\_\_

***Assets Under Management***

20. Do you provide continuous and regular supervisory or management services to securities portfolios?  
 Yes     No

If "yes", what is the amount of your assets under management and total number of accounts?

	Dollar Amount (Canadian \$)	Total Number of Accounts
Discretionary	\$ _____	_____
Non-Discretionary	\$ _____	_____
<b>TOTAL Assets Under Management</b>	<b>\$ _____</b>	<b>_____</b>

*Please refer to Schedule "x" for an explanation on the calculation of assets under management.*

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***Advisory Activities***

21. What type of advisory services do you provide (check all that apply):
- Financial planning services
  - Portfolio management for individuals and/or small businesses
  - portfolio management for investment companies (including mutual funds)
  - Portfolio management for businesses or institutional clients (other than investment companies)
  - Pension consulting services
  - Publication of periodicals or newsletters
  - Other (specify): \_\_\_\_\_
- 
22. If you provide financial planning services, to how many clients did you provide these services during the last fiscal year?
- 0
  - 1 - 10
  - 11 - 25
  - 26 - 100
  - 101 - 250
  - 251 - 500
  - more than 500
- If more than 500 please state how many \_\_\_\_\_
- 
23. If you participate in a wrap fee programme, do you (check all that apply):
- sponsor the wrap fee programme?
  - act as a portfolio manager for the wrap fee programme?
- If you are a portfolio manager for wrap fee programmes, complete Schedule "D", Section IV - *Wrap Fee Programmes*.

***Location of Books and Records***

24. Do you maintain some or all of your books and records as required under securities laws somewhere other than your head office location (principal place of business)? .....  Yes  No
- If "yes", complete Schedule "D", Section III - *Books and Records*.



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**OTHER BUSINESS ACTIVITIES**

This section deals with your other business activities.

25. You are actively engaged in business as a (check all that apply):
- Securities Dealer
  - Investment Dealer
  - Mutual Fund Dealer
  - Futures Commission Merchant, Commodity Pool Operator, or Commodity Trading Adviser
  - Real Estate Broker or Agent
  - Insurance Broker or Agent
  - Bank
  - Other (specify): \_\_\_\_\_
26. Are you actively engaged in any other business not listed in Item #25? .....  Yes  No
- If "yes", is this other business your primary business? .....  Yes  No
- If "yes", describe this other business on Schedule "D", Section IX - *Other Business*.
27. Do you sell products or provide services other than investment advice to your advisory clients? .....  Yes  No

**FINANCIAL INDUSTRY AFFILIATIONS AND ACTIVITIES**

This section refers to information about you and your related parties. A related party is considered:

- all of your officers, partners and directors;
- all persons with direct or indirect control;
- any other person providing investment advice on your behalf; and
- all of your current employees (excluding administrative and clerical staff).

28. Which of the following do you have as a related party (check all that apply):
- Investment Dealer
  - Investment Company (including Mutual Funds)
  - Other Investment Adviser
  - Futures Commission Merchant, Commodity Pool Operator, or Commodity Trading Adviser
  - Banking Institution
  - Accountant or Accounting Firm
  - Lawyer or Law Firm
  - Insurance Company or Agency
  - Real Estate Broker or Agent
  - Sponsor or Syndicator of Limited Partnerships
- If you have other investment advisers as related parties complete Schedule "D", Section VI - *Affiliated Advisers*, listing all such relationships.

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29. Are you or any related party a general party in a limited partnership? ..... **9** Yes **9** No  
 If “yes”, for each limited partnership, complete Schedule “D”, Section VII - *Limited Partnerships*.

**INTEREST IN CLIENT TRANSACTIONS**

***Proprietary Interest in Client Transactions***

30. Do you or any related party:

(a) buy securities for yourself from advisory clients, or sell securities you own to advisory clients (principal transactions)? ..... **9**Yes **9** No

(b) buy or sell for yourself securities (other than mutual funds) that you also recommend to advisory clients? ..... **9**Yes **9** No

(c) recommend securities or other investment products to advisory clients in which you or any related party has some other ownership interest? ..... **9**Yes **9** No

***Sales Interest in Client Transactions***

31. Do you or any related party:

(a) as a dealer or sales representative of a dealer, execute securities trades for brokerage customers in which advisory client securities are sold to or bought from the brokerage customer (agency cross transactions)? ..... **9**Yes **9** No

(b) recommend purchase of securities to advisory clients for which you or any related party serves as underwriter, general or managing partner? ..... **9**Yes **9** No

(c) recommend purchase or sale of securities to advisory clients for which you or any related party has any other sales interest (other than receipt of sales commissions)? ..... **9**Yes **9** No

***Investment or Brokerage Discretion***

32. Do you or any related party have discretionary authority to determine the:

(a) securities to be bought or sold for a client’s account? ..... **9**Yes **9** No

(b) amount of securities to be bought or sold for a client’s account? ..... **9**Yes **9** No

(c) dealer to be used for a purchase or sale of securities for a client’s account? ..... **9**Yes **9** No

(d) commission rates to be paid to a dealer for a client’s securities transactions? ..... **9**Yes **9** No

33. Do you or any related party recommend dealers to clients? ..... **9**Yes **9** No

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34. Do you or any related party receive research or other products or services other than execution from a dealer or a third party connection with client securities transactions? ..... **9**Yes **9** No

35. Do you or any related party, directly or indirectly, compensate any person for client referrals? ..... **9**Yes **9** No

**CUSTODY**

36. Do you have custody of any advisory clients':  
(a) cash or bank accounts? ..... **9**Yes **9** No  
(b) securities? ..... **9**Yes **9** No

37. Do any of your related parties have custody of any of your advisory clients':  
(a) cash or bank accounts? ..... **9**Yes **9** No  
(b) securities? ..... **9**Yes **9** No

38. If you answered "yes" to either Item 36(a) or 37(b), is that related party a dealer? ..... **9**Yes **9** No

**SHAREHOLDER(S)**

39. Complete Schedules "A" and "B" indicating all direct, indirect and beneficial owners of the Firm.

**CONTROL PERSONS**

40. Does any person not named in Item 1 or on Schedules "A" and "B", directly or indirectly control your management or policies? ..... **9**Yes **9** No  
If "yes" complete Schedule "D", Section VIII - *Control Persons*.

**CRIMINAL DISCLOSURE**

41. Is there currently an outstanding charge (other than for a minor traffic violation), or indictment against the applicant or an affiliate or associate of the applicant? ..... **9** Yes **9** No  
If "yes" complete Schedule "C"

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42. Has the applicant or any affiliate of the applicant:

(a) ever been convicted of, pleaded guilty or “no contest” to an offence under the law? ..... 9 Yes 9 No  
 If “yes”, complete Schedule “C”.

(b) ever been charged with an offence under the law? ..... 9 Yes 9 No  
 If “yes”, complete Schedule “C”.

43. Has the applicant or any affiliate or associate of the applicant:

(a) ever been convicted of, pleaded guilty or “no contest” to a misdemeanour involving: securities, or an investment-related business, or any fraud, false statements or omissions, wrongful taking of property, bribery, perjury, forgery, counterfeiting, extortion, or a conspiracy to commit any of these offenses? ..... 9 Yes 9 No  
 If “yes”, complete Schedule “C”.

(b) ever been charged with a misdemeanour specified in 16(a)? ..... 9 Yes 9 No  
 If “yes”, complete Schedule “C”.

**REGULATORY DISCLOSURE**

44. Has the applicant or any affiliate of the applicant ever:

(a) been found to have been involved in a violation of its regulations or statutes under the *Securities Act* of any province/territory in Canada? ..... 9 Yes 9 No  
 If “yes”, complete Schedule “E”.

(b) been a cause of an investment-related business having its authorization to do business denied, suspended, revoked, or restricted? ..... 9 Yes 9 No  
 If “yes”, complete Schedule “E”.

45. Is the applicant or, to the best of the applicant's information and belief, is any affiliate of the applicant, now or has any such person or company been:

(a) registered or licensed in any capacity in any other province, state or country which requires registration or licensing to deal or trade in securities or exchange contracts? ..... 9 Yes 9 No  
 If “yes” complete Schedule “E”.

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(b) registered or licensed in any other capacity in any other province, state or country under any legislation which requires registration or licensing to deal with the public in any capacity? (e.g. as an insurance agent, car dealer, real estate agent, private investigator, mortgage broker, etc.). . . . . **9 Yes 9 No**

If “yes” complete Schedule “E”.

(c) refused registration or a licence mentioned in Item #9 above or has any registration or licence been suspended, terminated or cancelled in any category mentioned in Item #9 above? . . . . . **9 Yes 9 No**

If “yes” complete Schedule “E”.

(d) denied the benefit of any exemption from registration provided by the *Securities Act* (or former *Commodity Contract Act*) of British Columbia, or similar exemption provided by securities acts or regulations of any other province, state or country? . . . . . **9 Yes 9 No**

If “yes” complete Schedule “E”.

(e) the subject of a cease trade or cease distribution order pursuant to the Securities Act of any province or denied any or a similar provision in the Securities Acts or regulations of any province, state or country? . . . . . **9 Yes 9 No**

If “yes” complete Schedule “E”.

46. Is the applicant or, to the best of the applicant's information and belief, is any affiliate of the applicant, now or has any such person or company been:

(a) a member of any Stock Exchange, the Investment Dealers Association, the Mutual Fund Dealers Association (MFDA), Investment Bankers or similar organization, in any province, state or country? . . . . . **9 Yes 9 No**

If “yes” complete Schedule “E”.

(b) refused membership in any Stock Exchange, the Investment Dealers Association, the Mutual Fund Dealers Association (MFDA) or similar organization, in any province, state or country? . . . . . **9 Yes 9 No**

If “yes” complete Schedule “E”.

(c) suspended as member of any Stock Exchange, the Investment Dealers Association, the Mutual Fund Dealers Association (MFDA) or similar organization, in any province, state or country? . . . . . **9 Yes 9 No**

If “yes” complete Schedule “E”.

**CIVIL JUDICIAL DISCLOSURE**

**REGISTRATION FORM - ADVISER**

47. Has the applicant or any affiliate of the applicant ever been the defendant or respondent in any proceedings in any civil court in any jurisdiction in any part of the world wherein fraud, theft, deceit, misrepresentation or similar conduct was alleged? ..... 9 Yes 9 No

If "yes", complete Schedule "F".

**FINANCIAL DISCLOSURE**

48. Has the applicant or any affiliate of the applicant:

(a) at any time declared bankruptcy, or made a voluntary assignment in bankruptcy? ..... 9 Yes 9 No

If "yes" complete Schedule "G".

(b) at any time had a receiver or receiver manager appointed to hold its assets? ..... 9 Yes 9 No

If "yes" complete Schedule "G".

49. Has a bonding company ever denied, paid out on, or revoked a fidelity / surety bond? ..... 9 Yes 9 No

If "yes" complete Schedule "G".

50. Does the applicant have any unsatisfied judgements or liens against it? ..... 9 Yes 9 No

If "yes" complete Schedule "G".

DATED at .....

Name of Applicant .....

this ..... day of ..... 20.....

By .....

Signature of applicant, partner or officer

Print Name and Title .....

**AFFIDAVIT**

**REGISTRATION FORM - ADVISER**

In the matter of the *Securities Act*

I, .....  
Name in Full

of the .....

in the County of .....

in the Province/Territory of .....

**MAKE OATH AND SAY**

1. I am the applicant (or partner or officer of the applicant) herein for registration and I signed the application.
2. The statements of fact made in the application are true.

SWORN before me at the ..... }

in the..... of..... }

this day of ..... 20..... }

.....  
Signature of Deponent

..... }

(A Commissioner, etc.)

**SCHEDULE "A"**  
**Direct Owners and Officers**

Use Schedule "A" in response to Item #39 to provide information on the direct owners and officers of the applicant.

**Applicant**

**Name of Applicant:**

**Applicant NRD No.:**

**Date:**

1. List below the names of:
  - (a) each Chief Executive Officer, Chief Financial Officer, Chief Operations Officer, Chief Legal Officer, Chief Compliance Officer, President, Chairman and individuals with similar status of functions;
  - (b) in the case of an applicant that is a corporation, each shareholder that directly owns 5% or more of a class of a voting security of the applicant, unless the applicant is a reporting issuer;
  - (c) in the case of an applicant that is a partnership, all general partners and those limited and special partners that have the right to receive upon dissolution, or have contributed, 5% or more of the partnership's capital;
  - (d) in the case of a trust that directly owns 5% or more of a class of voting shares of the applicant, or that has the right to receive upon dissolution, or has contributed, 5% or more of the applicant's capital, the trust and each trustee.

2. Are there any indirect owners of the applicant? ..... **9** Yes **9** No

If "yes", please complete Schedule "B".

**Instructions for completing the table:**

3. In the "DE/FE/I" column, enter "DE" if the owner is a domestic entity; or "FE" if owner is an entity incorporated or domiciled in a foreign country; or enter "I" if the owner is an individual.

4. Complete the "Title or Status" column by entering board/management titles; status as a partner, trustee, sole proprietor, or shareholder; and for shareholders, the class of shares owned.

5. Ownership codes are:
- |     |                       |
|-----|-----------------------|
| N/A | less than 5%          |
| A   | 5% but less than 10%  |
| B   | 10% but less than 25% |
| C   | 25% but less than 50% |
| D   | 50% but less than 75% |
| E   | 75% or more           |

6. In the "Control Person" column, enter "yes" if person has "control" and "no" if the person does not have control.

7. In the "RI" column enter "RI" if the owner is a reporting issuer



**SCHEDULE "A"**  
**Direct Owners and Officers**

Full Legal Name (Individuals: last name, first name, middle name)	DE/FE/I	Title or Status	Date Title or Status Acquired		Ownership Code	Control Person	RI	NRD No.
			MM	YYYY				

**SCHEDULE "B"**  
**Indirect Owners**

Use Schedule "B" in response to Item #39 and Schedule "A" (if applicable) to provide information on the indirect owners and officers of the applicant.

**Applicant**

Name of Applicant:

Applicant NRD No.:

Date:

1. List below the names of:
  - (a) in the case of an owner that is a corporation, each of its shareholders that beneficially owns, has the right to vote, or has the power to sell or direct the sales of 25% or more of a class of a voting share of that corporation;
  - (b) in the case of an owner that is a partnership, all general partners and those limited and special partners that have the right to receive upon dissolution, or have contributed, 25% or more of the partnership's capital; and
  - (c) in the case of an owner that is a trust, the trust and each trustee.

**Instructions for completing the table:**

2. In the "DE/FE/I" column, enter "DE" if the owner is a domestic entity; or "FE" if owner is an entity incorporated or domiciled in a foreign country; or enter "I" if the owner is an individual.
3. Complete the "Status" column by entering status as partner, trustee, shareholder, etc., and if shareholder, class of shares owned.
4. Ownership codes are:
  - C 25% but less than 50%
  - D 50% but less than 75%
  - E 75% or more
  - F Other General Partners
5. In the "Control Person" column, enter "yes" if person has "control" and "no" if the person does not have control.
6. In the "RI" column enter "RI" if the owner is a reporting issuer

Full Legal Name (Individuals: last name, first name, middle name)	DE/FE/I	Entity in Which Interest is Owned	Title or Status	Date Title or Status Acquired		Ownership Code	Control Person	RI	NRD No.
				MM	YYYY				



**SCHEDULE "C"**  
**Criminal Disclosure Reporting**

This Criminal Disclosure Reporting (CDR) is in response to affirmative responses to *(check item(s) being responded to)*:

Item(s):     941         942(a)         942(b)         943(a)         943(b)

**SECTION I**

The person(s) or entity(ies) for whom this CDR is being filed is (are):

- the Applicant
- Applicant and one or more affiliate(s)
- One or more affiliate(s)

If this CDR is being filed for an affiliate, give the full name of the affiliate below.

If the affiliate is registered with the NRD, provide the NRD number. If not, indicate by checking the appropriate check box.

**Applicant**

Name of Applicant	Applicant NRD No.
-------------------	-------------------

**Affiliate**                      This affiliate is:                       Firm                       Individual

Name of Affiliate <small>(For individuals: last name, first name, middle name)</small>	NRD No.
	Registered: <input type="checkbox"/> yes <input type="checkbox"/> no

This CDR should be removed from the Adviser registration form because the affiliate(s) is no longer associated with the Advsier.

If the affiliate is registered through the NRD, has the affiliate submitted a CDR for the event? If the answer is "yes", no other information on this CDR must be provided regarding the affiliate. . . . .  yes     no

**NOTE:** The completion of this form does not relieve the affiliate of its obligation to update its NRD records.

**SECTION II**

1. If charge(s) were brought against an organization over the which the applicant or affiliate exercise(d) control: enter the name of the organization; whether or not the organization was a investment-related business; and the applicant's or affiliate's position, title or relationship.

**Event Disclosure Detail** (use this for both organizational and individual charges)

2. (a) Date first charged _____ <span style="display: block; text-align: center; font-size: small;">MM/DD/YYYY</span>	<input type="checkbox"/> Exact Date If not, provide explanation: _____
--	---

- (b) Event Disclosure Detail (include: Charge(s); Description of Charge(s) and for each charge provide:
- number of counts
  - felony or misdemeanour
  - please for each charge
  - product type if charge is securities/investment related

**SCHEDULE "C"**  
**Criminal Disclosure Reporting**

(c) Did any of the Charge(s) within the Event involve a Felony? .....  yes  no

(d) Current status of the Event?       Pending       On Appeal       Final

(e) Event Status Date (*complete unless status is Pending*) \_\_\_\_\_  
MM/DD/YYYY

Exact Date  
If not, provide explanation: \_\_\_\_\_

**Disposition Disclosure Detail**

3. Include for each charge:
- disposition type (e.g. convicted, acquitted, dismissed, pre-trial, etc.);
  - date;
  - sentence/penalty;
  - duration (if sentence suspension, probation, etc.);
  - start date of penalty;
  - penalty/fine amount; and
  - date paid

4. Provide a brief summary of circumstances leading to the charge(s) as well as the disposition. Include the relevant dates when the conduct which was the subject of the charge(s) occurred.



**SCHEDULE "D"**

Fax Number

Is the location for books and records noted above (please check one):

- one of your branch offices
- an affiliated company
- a third party unaffiliated record keeper
- other (specify): \_\_\_\_\_

Briefly describe the nature of the arrangement and which books and records are kept at this location.

**SECTION IV      Wrap Fee Programmes**

If you are a portfolio manager for one or more wrap fee programmes, list the name of each programme and its sponsor.

Name of Wrap Fee Programme: \_\_\_\_\_ Name of Sponsor: \_\_\_\_\_

Name of Wrap Fee Programme: \_\_\_\_\_ Name of Sponsor: \_\_\_\_\_

Name of Wrap Fee Programme: \_\_\_\_\_ Name of Sponsor: \_\_\_\_\_

Name of Wrap Fee Programme: \_\_\_\_\_ Name of Sponsor: \_\_\_\_\_

**SECTION VI      Affiliated Advisers**

Complete the following information for each adviser with whom you are affiliated.

Legal Name of Affiliated Adviser \_\_\_\_\_ NRD # (if applicable): \_\_\_\_\_

Legal Name of Affiliated Adviser \_\_\_\_\_ NRD # (if applicable): \_\_\_\_\_

Legal Name of Affiliated Adviser \_\_\_\_\_ NRD # (if applicable): \_\_\_\_\_

Legal Name of Affiliated Adviser \_\_\_\_\_ NRD # (if applicable): \_\_\_\_\_

**SECTION VII      Limited Partnership Participation**

Name of Limited Partnership: \_\_\_\_\_

Are your clients solicited to invest in the limited partnership? .....  Yes  No

Approximately what percentage of your clients have invested in this limited partnership? \_\_\_\_\_%

What is the cost per unit of limited partnership interests sold in your last fiscal year?      \$\_\_\_\_\_

**SCHEDULE "D"**

What is the total value of the limited partnership?    \$ \_\_\_\_\_

**SECTION VIII      Controls Persons**

List each control person note named in Item 1 or on Schedules "A" or "B" that directly or indirectly control your management or policies.

Name of Firm or Organization

NRD # (if applicable):

Business Address (*do not use a P.O. Box*)  
(number, street, city, province/territory, postal code)

Name of Individual (if applicable) (*last, first and middle name*)

NRD # (if applicable):

Describe the nature of the control:

**SECTION IX      Other Business**

Description of Primary Business

Describe your primary business (not investment dealer business):



**SCHEDULE "E"**  
**Regulatory Disclosure Reporting**

This Regulatory Disclosure Reporting (RDR) is in response to affirmative responses to (*check item(s) being responded to*):

Item(s):  44(a)  44(b)  45(a)  45(b)  45(c)  45(d)  45(e)  46(a)  46(b)  46(c)

**SECTION I**

The person(s) or entity(ies) for whom this RDR is being filed is (are):

- the Applicant
- Applicant and one or more affiliate(s)
- One or more affiliate(s)

If this RDR is being filed for an affiliate, give the full name of the affiliate below.

If the affiliate is registered with the NRD, provide the NRD number. If not, indicate by checking the appropriate check box.

**Applicant**

Name of Applicant	Applicant NRD No.
-------------------	-------------------

**Affiliate**                      This affiliate is:                       Firm                       Individual

Name of Affiliate <small>(For individuals: last name, first name, middle name)</small>	NRD No.
	Registered: <input checked="" type="checkbox"/> yes <input checked="" type="checkbox"/> no

This RDR should be removed from the Adviser registration form because the affiliate(s) is no longer associated with the Adviser.

If the affiliate is registered through the NRD, has the affiliate submitted a RDR for the event? If the answer is "yes", no other information on this RDR must be provided regarding the affiliate. . . . .  yes     no

**NOTE:** The completion of this form does not relieve the affiliate of its obligation to update its NRD records.

**SECTION II**

1. Regulatory action initiated by:

- Provincial/Territorial Regulator
- SRO
- Foreign jurisdiction

Full name of regulator, SRO, or foreign regulatory authority:

\_\_\_\_\_

2. Principal Sanction (check appropriate item):

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Reprimand        | <input checked="" type="checkbox"/> Penalty(ies)/Fine(s) |
| <input checked="" type="checkbox"/> Undertaking      | <input checked="" type="checkbox"/> Denial               |
| <input checked="" type="checkbox"/> Suspension       | <input checked="" type="checkbox"/> Terms and Conditions |
| <input checked="" type="checkbox"/> Cease and Desist | <input checked="" type="checkbox"/> Other _____          |

**SCHEDULE "E"**  
**Regulatory Disclosure Reporting**

3. Note which province, state or country the applicant or affiliate was previously registered or licensed to deal or trade in securities or exchange contracts; and in any other capacity under any legislation which requires registration or licensing to deal with the public in any capacity? (e.g. as an insurance agent, car dealer, real estate agent, private investigator, mortgage broker, etc.)

- British Columbia Securities Commission
- Alberta Securities Commission
- Saskatchewan Securities Commission
- Manitoba Securities Commission
- Ontario Securities Commission
- Commission des valeurs mobilières du Québec
- New Brunswick Office of the Administrator
- Nova Scotia Securities Commission
- Prince Edward Island Registrar of Securities
- Newfoundland Securities Division
- Northwest Territories Securities Registries
- Yukon Territory Registrar of Securities
- Nunavut
  
- Investment Dealers Association of Canada
- Mutual Fund Dealers Association
- Canadian Venture Exchange (CNDX)
- Montreal Exchange
- Toronto Stock Exchange
- Toronto Futures Exchange
- Winnipeg Commodity Exchange
  
- NASD
- SEC
- US State Regulators
- Other Regulators - specify: \_\_\_\_\_  
(e.g. OSFI, Financial Services Commission of Ontario, etc.)
  
- Other(specify)\_\_\_\_\_

4. Dated Initiated \_\_\_\_\_  Exact Date  
(MM/DD/YYYY)  Not Exact Date  
Provide explanation \_\_\_\_\_

5. Describe the allegations related to this regulatory action.

**SCHEDULE "E"**  
**Regulatory Disclosure Reporting**

6. Current Status?             Pending             On Appeal             Final

**If Final or On Appeal - complete all items below. For Pending Actions, complete Item 10 only.**

7. How was the matter resolved (check appropriate item):

Dismissed

Settled

Order

Other \_\_\_\_\_

8. Resolution Date \_\_\_\_\_  
(MM/DD/YYYY)

Exact Date

Not Exact Date

Provide explanation \_\_\_\_\_

9. What sanction(s) were ordered (provide details of the amount of fines, duration of suspensions, length of time to rectify deficiency, etc.)?

10. Provide a brief summary of details related to the action status and/or disposition and include relevant terms, conditions and dates.

**SCHEDULE "F"**  
**Civil Judicial Disclosure Reporting**

This Civil Judicial Disclosure Reporting (CJDR) is in response to affirmative response to Item #47.

**SECTION I**

The person(s) or entity(ies) for whom this CJDR is being filed is (are):

- the Applicant
- Applicant and one or more affiliate(s)
- One or more affiliate(s)

If this CJDR is being filed for an affiliate, give the full name of the affiliate below.

If the affiliate is registered with the NRD, provide the NRD number. If not, indicate by checking the appropriate check box.

**Applicant**

Name of Applicant	Applicant NRD No.
-------------------	-------------------

**Affiliate**                      This affiliate is:                       Firm                       Individual

Name of Affiliate <small>(For individuals: last name, first name, middle name)</small>	NRD No.
Registered: <input checked="" type="radio"/> yes <input checked="" type="radio"/> no	

This CJDR should be removed from the Adviser registration form because the affiliate(s) is no longer associated with the Advsier.

If the affiliate is registered through the NRD, has the affiliate submitted a CJDR for the event? If the answer is "yes", no other information on this CJDR must be provided regarding the affiliate. . . . .  yes    no

**NOTE:** The completion of this form does not relieve the affiliate of its obligation to update its NRD records.

**SECTION II**

1. Describe the allegations related to this civil action.

2. Current status?    Pending         On Appeal         Final

3. If **pending**, date notice/process was served:  
       \_\_\_\_\_                       Exact Date  
       (MM/DD/YYYY)               Not Exact Date  
    Provide explanation \_\_\_\_\_

4. If on **appeal**, action appealed to (provide name of court): \_\_\_\_\_  
     Date Appeal filed: \_\_\_\_\_  
    (MM/DD/YYYY)

5. If **final**, how was the matter resolved (provide all details).

**SCHEDULE "G"**  
**Bankruptcy, Bond and Judgement/Lien Disclosure Reporting**

This Disclosure Reporting page is in response to affirmative response to *(check item(s) being responded to)*:

Item(s):         48(a)         48(b)         49         50

**SECTION I**

The person(s) or entity(ies) for whom this Disclosure Reporting page is being filed is (are):

- the Applicant
- Applicant and one or more affiliate(s)
- One or more affiliate(s)

If this Disclosure Reporting page is being filed for an affiliate, give the full name of the affiliate below.

If the affiliate is registered with the NRD, provide the NRD number. If not, indicate by checking the appropriate check box.

**Applicant**

Name of Applicant	Applicant NRD No.
-------------------	-------------------

**Affiliate**                      This affiliate is:                       Firm                       Individual

Name of Affiliate (For individuals: last name, first name, middle name)	NRD No.
	Registered: <input checked="" type="checkbox"/> yes <input checked="" type="checkbox"/> no

This Disclosure Reporting page should be removed from the Adviser registration form because the affiliate(s) is no longer associated with the adviser.

If the affiliate is registered through the NRD, has the affiliate submitted a Disclosure Reporting page for the event? If the answer is "yes", no other information on this Disclosure Reporting page must be provided regarding the affiliate.         yes         no

**NOTE:** The completion of this form does not relieve the affiliate of its obligation to update its NRD records.

**SECTION II                      Bankruptcy Disclosure**

1. Action type: *(check appropriate item)*
- Bankruptcy
  - Compromise
  - Declaration
  - Liquidated
  - Receivership
  - Voluntary Assignment
  - Other \_\_\_\_\_

2. Action date:

_____	<input checked="" type="checkbox"/>	Exact Date
(MM/DD/YYYY)	<input checked="" type="checkbox"/>	Not Exact Date
		Provide explanation _____

**SCHEDULE "G"**  
**Bankruptcy, Bond and Judgement/Lien Disclosure Reporting**

3. If the financial action relates to an organization over which the applicant or affiliate exercise(d) control, enter the name of the organization and the applicant's or affiliate's position, title or relationship.

Was the organization investment related?                       yes                       no

4. Court action brought in (*name of court*), location of Court (*city or county and province/territory or country*) and docket/case number:

5. Is action currently pending?     yes                       no

6. If not pending, provide Disposition type (check appropriate item):

- Direct payment procedure
- Discharged
- Dismissed
- Dissolved
- Satisfied/Released
- Trustee appointed
- Other \_\_\_\_\_

7. Disposition date:  
\_\_\_\_\_                       Exact Date  
(MM/DD/YYYY)                       Not Exact Date  
Provide explanation \_\_\_\_\_

8. Provide a brief summary of events leading to the action and if not discharged, explain.

9. If a Trustee was appointed or a direct payment procedure was begun, enter the amount paid or agreed to be paid by you; or the name of the Trustee:

Currently open?     yes                       no

Date direct payment initiated/filed or Trustee appointed:  
\_\_\_\_\_                       Exact Date  
(MM/DD/YYYY)                       Not Exact Date  
Provide explanation \_\_\_\_\_

10. Provide details to any status/disposition. Include details as to creditors, terms, conditions, amounts due and settlement schedule (if applicable).

**SCHEDULE "G"**  
**Bankruptcy, Bond and Judgement/Lien Disclosure Reporting**

**SECTION III Bond Disclosure**

1. Name of Applicant	Applicant NRD Number:
2. Firm Name (Policy Holder):	
3. Bonding Company Name:	
4. Disposition Types (check appropriate item): <input type="checkbox"/> Denied <input type="checkbox"/> Payout <input type="checkbox"/> Revoked	
5. Disposition date: _____ <input type="checkbox"/> Exact Date (MM/DD/YYYY) <input type="checkbox"/> Not Exact Date Provide explanation _____	
6. If disposition resulted in payout, list payout amount and date paid:	
7. Summarize the details of circumstances leading to the necessity of the bonding company action.	

**SECTION IV Judgement/Lien Disclosure**

1. Name of Applicant	Applicant NRD Number:
2. Judgement/Lien Amount:	
3. Judgement/Lien Holder:	
4. Judgement/Lien Type (check appropriate item) <input type="checkbox"/> Civil <input type="checkbox"/> Default <input type="checkbox"/> Tax	
5. Date filed: _____ <input type="checkbox"/> Exact Date (MM/DD/YYYY) <input type="checkbox"/> Not Exact Date Provide explanation _____	
6. Is Judgement/Lien outstanding? <input type="checkbox"/> yes <input type="checkbox"/> no  If no, provide status date: _____ <input type="checkbox"/> Exact Date (MM/DD/YYYY) <input type="checkbox"/> Not Exact Date Provide explanation _____  If no, how was the matter resolved (check appropriate item) <input type="checkbox"/> Discharged <input type="checkbox"/> Released <input type="checkbox"/> Removed <input type="checkbox"/> Satisfied	
7. Name of court, location of Court ( <i>city or county and province/territory or country</i> ) and docket/case number:	

**SCHEDULE "G"**

**Bankruptcy, Bond and Judgement/Lien Disclosure Reporting**

8. Provide a brief summary of events leading to the action and any payment schedule details including current status (if applicable).