FORM 32-501F6

FINANCIAL INSTITUTION ANNUAL REPORT

[Section 31]

We confin	rm that we accept f	funds from Deposit Agents in	Saskatchewan.
Our nam	e:		
Head offi	ce address:		
Mailing a	iddress:		
Postal co	de:	Phone number:	Fax number:
Name of	contact person:		
E-mail ac	ldress of contact pe	erson:	
Branch	offices		
accept fu	nds from Deposit A	in Saskatchewan that agents? ag for each branch office in Sa	skatchewan: yes no
Business	address:		
Mailing a	ddress:		
Postal co	de:	Phone number:	Fax number:
Name of	contact person:		
Business	address:		
Mailing a	ddress:		
Postal co	de:	Phone number:	Fax number:
Name of	contact person:		
Business	address:		
Mailing a	ddress:		
Postal code:		Phone number:	Fax number:
Name of	contact person:		
_		(If you have more than 3 bi	ranch offices, list them on another sheet.)
Deposit			
	name of Deposit A name of contact p business address mailing address v telephone number fax number	Agent person with postal code r	eposit Agent you currently deal with:
Dated at		, this	day of
		Type or print name	Institution authorized officer
		$Official\ capacity$	

AFFIDAVIT

PROVINCE OF SASKATCHEWAN

	I,	
	,	$(name\ in\ full)$
	of the	
		(municipality)
	in the	
		(jurisdiction)
MAKE OATH AND SAY:		
 I am the applicant (or a application. 	a partner or offic	eer of the applicant herein) for registration and I signed the
2. The statements of fact	made in the app	olication are true.
SWORN before me at		
in the		
of		
this day of		
(A Commissioner for Oaths Province of Saskatchewan,	•	
My commission expires		·
SWORN before me at		
in the		
of		
this day of		
A Notary Public in and for of, or		
My commission expires		

If swearing an affidavit outside Saskatchewan, you must be a Notary Public.

It is an offence under Saskatchewan securities laws to file an application that contains a statement that, at the time and in the light of the circumstances in which it is made, is false or misleading, or fails to state a material fact.