

International Depository Authority of Canada

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Form IDAC/BP/14

CHANGE OF INFORMATION

(Attach a separate sheet if more space is required)

The undersigned, being the depositor or having received authorization from the depositor, certifies that the information provided pertaining to the deposit identified below is true and accurate, and should replace information previously attributed to that deposit.

Accession Number of Deposit: _____

Name of Depositor: _____

Address: _____

Signature of Depositor (if required for authorization): _____

New information: _____

Information to be replaced: _____

Signature

Name (please print)

Date: _____