

THIS FORM IS TO BE COMPLETED IN FULL BY AN AUTHORIZED REPRESENTATIVE AT THE EDUCATIONAL INSTITUTION.

All alterations must be initialed and dated by the authorized representative. Any corrections not initialed will be considered incomplete and will delay the educational assistance payment process.

NOTE: As Promoter, our organization is required to report this information to the applicable government agency in order to process the educational assistance payment for the student.

This information is accurate as at this date and there is no obligation on the educational institution to notify Qtrade Direct Investing or any other party in the event there is a change in the status of enrolment.

Student Information:

Student Name (First, Initial, Last) Social Insurance Number

Address

Designated Education Institution (information must be fully completed to process this request):

Name of Institution Postal Code

Address

Program Information:

Current Academic Year Start Date (dd/mm/yyyy) Academic Year Length (number of continuous weeks enrolled)

Educational Program Length (length of degree/diploma in years) Academic Program Year (Year of current program of Studies i.e.1st, 2nd)

Educational Program Type:

- 01 - University
02 - Community College or CEGEP (in Quebec)
03 - Private Trade, Vocational or Carrier College
04 - Other

Institutions Stamp

Tuition Amount: \$

Enrolment Status:

- Student is conditionally enrolled. Note: no educational assistance payment will be processed if student is conditionally enrolled.
Student is enrolled. All enrolment requirements at your educational institution have been met.

Name of Authorized Representative (First, Initial, Last) Title

Signature Date (dd/mm/yyyy)

Email Address Telephone Number