

CERTIFIED RESOLUTION FOR CORPORATE ACCOUNTS

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700 - 1111 West Georgia Street Vancouver, BC, Canada V6E 4T6 604.605.4199 Toll Free 1.877.787.2330

1. CERTIFIED	RESOLUTION				
The following is a	true copy of a RESOLUTION duly passed by the Board of Directors of				
1		(the "Company") on			
Legal Name of Co	ompany	Date (dd/mm/yyyy)		
RESOLVED THAT					
settlement and	open and operate one or more accounts with Qtrade Direct Investing ("Qtrade"; d all other matters pursuant to the terms and conditions of Qtrade's agreements ware hereby ratified and confirmed.				
2. The following	person(s),				
Name (First, Initia	, Last)	Title			
Name (First, Initia	, Last)	Title			
is/are hereby each Qtrade and is/are	n designated as a trading authority (the "Trading Authority" or collectively "Trading hereby authorized and empowered on behalf of the Company from time to time to:	Authorities") on behalf of the Company	y for purposes of opening and operating any accounts with		
A. purchase	securities of whatsoever nature or kind, including options and foreign exchange con	racts (hereinafter collectively called "se	curities"), on margin or otherwise;		
B. sell (include	ding short sales), assign, pledge, transfer, hypothecate or otherwise dispose of any	ecurities held by Qtrade for the Compa	ny whether or not registered in the name of the Company;		
C. make, ex hypotheca Qtrade;	C. make, execute and deliver all necessary agreements (including any account operating or trading agreements), documents, instruments, acts of assignment, pledges, transfers and hypothecations as may relate to any securities transactions or any borrowings or advances or any obligations heretofore, now or hereafter incurred by the Company, as may be required by Qtrade;				
D. borrow mo	oney on the credit of the Company by obtaining loans or advances or as overdrafts v	hether by deed of loan or acknowledge	ment of debt or by any other means whatsoever;		
	E. assign, transfer, convey, hypothecate, mortgage, pledge, charge or give security in any manner upon all or any real or personal property or other assets, movable or immovable, present or future, of the Company to secure any such obligations of the Company;				
	ny securities or property held on behalf of the Company by Qtrade and to execute accounts between the Company and Qtrade, to secure any such obligations of the		y or securities or other property and to verify and settle all		
	nyment or sign, make, execute, deliver, issue, accept, endorse, negotiate or discoun ant of money payable to the individual order of any signing officer(s) of the Company		schange or other negotiable instrument (including orders for		
	gn and approve any withdrawal, document, voucher, bill of exchange, account state of any such accounts.	ment and any documents or papers rela	ating thereto and to reconcile any amounts pertaining to the		
·	are all the directors of the company (attach an additional page if needed):				
· ·	e (First, Initial, Last)	Director Name (First, Initial, Last)			
Director Ivani	5 (i iist, iiiitai, Lest)	Director Name (First, mital, East)			
4. Any and all tr	ansactions for the Company's account(s) and any documents in connection therew nfirmed.	ith heretofore or hereafter executed by	a Trading Authority on behalf of the Company are hereby		
	ings done and instruments of payment, agreements or other documents signed or $\mbox{\scriptsize ing}$ upon the Company.	ourporting to be signed on behalf of the	Company in the manner set forth in this resolution shall be		
6. For the purpose each of them.	For the purposes set forth in this resolution, the directors hereby delegate any and all authority to the Trading Authority(ies) named herein or referred to by office or position with the Company and				
	7. Qtrade be supplied with name(s) in writing of the Trading Authority(ies) or other person(s) who is/are herein referred to by office or position with the Company, and Qtrade is authorized to rely upon such writing until receipt of a written amendment thereto.				
8. If more than o	8. If more than one Trading Authority is designated, the Trading Authorities are designated, authorized and empowered jointly and severally.				
	9. This resolution shall remain in full force and effect and be binding upon the Company until Qtrade has received written notification, in form and substance satisfactory to them, that this resolution has been repealed or replaced.				
2. CERTIFICA	TION				
I, the undersigned	certify that:				
The foregoing Company and	resolution was adopted by the board of directors of the Company in accordance w is now in full force and effect and no provision not disclosed in writing to Qtrade eith	ith the letters patent, instrument of inco	orporation, by-laws and any other documents governing the		
2. The names ar persons is atta	nd information pertaining to each Trading Authority and Beneficial Owner of 25% oached.	more direct or indirect ownership of t	he Company, along with the specimen signature(s) of such		
Cartified of		22			
Certified at:	Place	on	Date (dd/mm/yyyy)		
		I			
Name (First, Initia	I, Last) x Signature	Title (N	lust be the Secretary, President or a Director of the Company)		



CERTIFIED RESOLUTION FOR CORPORATE ACCOUNTS

(To be completed by each Trading Authority and Beneficial Owner of 25% or more of the Company)

3.1 INFORMATION ON TRADING AUTHORITY AND BENEFICIAL OWNER (REQUIRED BY REC	(ULATORS)	
Are you a (select all that apply):	a Beneficial Owner, specify percentage	%
Name (First, Initial, Last)	Contact Number	Email Address
Home Address	City	Province Postal Code Social Insurance Number
	,	
Citizenship (List all countries) Country of Residence Occupation A. Are you a tax resident of: Canada U.S.	Employer	Date of Birth (dd/mm/yyyy)
(select all that apply) Tax Identification Number (TIN) Note: You are considered a US tax resident if you are a US resi	Enter Country Names and Tax Identifica	
B. Are you or any member of your immediate family a Politically Exposed Person (PEP) or Head of International Organization (HIO), or a close associate of a PEP or HIO, as defined	Yes If yes, complete a PEP ar	
on the PEP and HIO form? C. Do you own, or have control or direction over, directly or indirectly, alone or as part of a group, 10% or more of the voting rights of an issuer or publicly traded company or other entity?	○ Yes	%
D. Are you a Director or Senior Officer, or an individual performing similar functions, of an	If yes, specify name(s) of Yes	company(ies) and % owned.
issuer or publicly traded company or other entity whose shares trade on a marketplace? E. Are you, your spouse, or any member of your household an employee, Director, Partner or ONo	If yes, specify name(s) of Yes	company(ies).
Officer of a securities dealer? F. In which of the following do you have investment experience?	If yes, specify name(s) of	security dealer(s).
None	Puts Covered Writing Spre	eads Uncovered Writing
G. Identification: Required for each Trading Authority and Beneficial Owner of 25% or more of the Cor Verified Identification Methods below.	npany. Include a legible photocopy of	valid government issued photo ID and select from the
Photo ID: O Passport O Driver's License (front & back) O Other ID Type & No.		
Verified Identification Methods (select either Credit File* or Dual Method):	obtain the credit file report	Expiry Date)
	onal Cheque	Reliable document
· · · · · · · · · · · · · · · · · · ·	imum \$10, payable to Credential Qtrade	, , ,
I represent and warrant that the information provided herein is accurate and complete and that I have rea account(s) and acknowledge that Qtrade will not review any orders for suitability. Without this consent Qtra		ons of Quade's agreements governing the Company's
O I Consent O I Do Not Consent		
X Cimeture		Deta (dd(sankana)
Signature 3.2 INFORMATION ON TRADING AUTHORITY AND BENEFICIAL OWNER (REQUIRED BY REC	HILATORS)	Date (dd/mm/yyyy)
3.2 INFORMATION ON TRADING AUTHORITT AND BENEFICIAL OWNER (REQUIRED BT REC	IULATURS)	
Assessment (select all the terror by C. Tardina Authority C. Director C. Brandinia Company	Para field Owner and if an arrange	0/2
Are you a (select all that apply): Trading Authority Director Beneficial Owner If	a Beneficial Owner, specify percentage	%
Are you a (select all that apply):	a Beneficial Owner, specify percentage Contact Number	% Email Address
Name (First, Initial, Last)	Contact Number	Email Address
Name (First, Initial, Last) Home Address Citizenship (List all countries) Country of Residence Occupation A. Are you a tax resident of: Canada U.S. Other(Contact Number City Employer	Email Address Province Postal Code Social Insurance Number Date of Birth (dd/mm/yyyy)
Name (First, Initial, Last) Home Address Citizenship (List all countries) Country of Residence Occupation A. Are you a tax resident of: Canada U.S. Other(select all that apply) Tax Identification Number (TIN) Note: You are considered a US tax resident if you are a US to	Contact Number City Employer s): Enter Country Names and Tax Identifica esident or citizen. US tax residents must in	Email Address Province Postal Code Social Insurance Number Date of Birth (dd/mm/yyyy)
Name (First, Initial, Last) Home Address Citizenship (List all countries) Country of Residence Occupation A. Are you a tax resident of: Canada U.S. Tax Identification Number (TIN) Note: You are considered a US tax resident if you are a US of Head of International Organization (HIO), or a close associate of a PEP or HIO, as defined	Contact Number City Employer s): Enter Country Names and Tax Identifica	Email Address Province Postal Code Social Insurance Number Date of Birth (dd/mm/yyyy) tion Numbers clude an IRS Form W9 and Waiver of Client Confidentiality.
Name (First, Initial, Last) Home Address Citizenship (List all countries) Country of Residence Occupation A. Are you a tax resident of: Canada U.S. Other(select all that apply) Tax Identification Number (TIN) Note: You are considered a US tax resident if you are a US of the politically Exposed Person (PEP) or No	Contact Number City Employer s): Enter Country Names and Tax Identifica esident or citizen. US tax residents must in Yes If yes, complete a PEP ar	Email Address Province Postal Code Social Insurance Number Date of Birth (dd/mm/yyyy) tion Numbers clude an IRS Form W9 and Waiver of Client Confidentiality. Id HIO form.
Name (First, Initial, Last) Home Address Citizenship (List all countries) Country of Residence Occupation A. Are you a tax resident of: Canada U.S. Other((select all that apply) Tax Identification Number (TIN) Note: You are considered a US tax resident if you are a US or Head of International Organization (HIO), or a close associate of a PEP or HIO, as defined on the PEP and HIO form? C. Do you own, or have control or direction over, directly or indirectly, alone or as part of a group,	Contact Number City Employer s): Enter Country Names and Tax Identifica esident or citizen. US tax residents must in Yes If yes, complete a PEP ar Yes If yes, specify name(s) of	Email Address Province Postal Code Social Insurance Number Date of Birth (dd/mm/yyyy) tion Numbers clude an IRS Form W9 and Waiver of Client Confidentiality. Ind HIO form. % company(ies) and % owned.
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Name (First, Initial, Last) Home Address Citizenship (List all countries)	Contact Number City Employer S): Enter Country Names and Tax Identifica esident or citizen. US tax residents must in Yes If yes, complete a PEP ar Yes If yes, specify name(s) of Yes Covered Writing Spread	Email Address Province Postal Code Social Insurance Number Date of Birth (dd/mm/yyyy) tion Numbers clude an IRS Form W9 and Waiver of Client Confidentiality. Ind HIO form. % company(ies) and % owned. company(ies). security dealer(s).
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Name (First, Initial, Last) Home Address Citizenship (List all countries)	Contact Number City Employer s): Enter Country Names and Tax Identifica esident or citizen. US tax residents must in Yes If yes, complete a PEP ar Yes If yes, specify name(s) of Yes If	Email Address Province Postal Code Social Insurance Number Date of Birth (dd/mm/yyyyy) Ition Numbers clude an IRS Form W9 and Waiver of Client Confidentiality. Ind HIO form. % company(ies) and % owned. company(ies). security dealer(s). seads Uncovered Writing valid government issued photo ID and select from the Expiry Date) Reliable document (CRA Assessment, Utility bill)