

INFORMATION REQUIRED TO REGISTER FOR A SEDAR+ ACCOUNT

Please use this checklist to gather the information required to register for a SEDAR+ account after the system launches on June 13, 2023. Filing organizations will enter this information online in SEDAR+, and in the Electronic Filer Agreement (EFA) that must be attached during the registration process.

Request Access:

☐ Email address

Indicate if the Electronic Filer is an:

☐ Individual

☐ Organization

Indicate the type of Electronic Filer for whom this form is being submitted:

☐ Company

☐ Third party filer

☐ Filing agent

Is your organization an Investment Fund Manager?

☐ Yes

☐ No

If Individual:

☐ Family name

☐ First given name

☐ Secondary given name (if applicable)

☐ SEDAR legacy subscriber number (if applicable)

Business address

☐ Street address

☐ City/Town

☐ Province/State

☐ Postal code/Zip code

☐ Country

☐ Telephone number

☐ Fax number (if applicable)

☐ Name of company/Legal name of employer (if applicable)

☐ Title (if applicable)

☐ Department (if applicable)

☐ Email

☐ Does the individual have an NRD number?

☐ NRD number

If Organization:

☐ Full legal name (English)

☐ Full legal name (French)

☐ Business registration number or equivalent

☐ SEDAR legacy subscriber number (if applicable)

Head office address

☐ Street address

☐ City/Town

☐ Province/State

☐ Postal code/Zip code

☐ Country

☐ Telephone number

☐ Fax number (if applicable)

☐ Website (if applicable)

☐ Does the organization have an NRD number?

☐ NRD number



Authorized Representative:

- ☐ Family name
- ☐ First given name

- ☐ Secondary given name (if applicable)

Head office address

- ☐ Street address
- ☐ City/Town
- ☐ Province/State
- ☐ Postal code/Zip code
- ☐ Country
- ☐ Telephone number

- ☐ Fax number (if applicable)
- ☐ Name of company/Legal name of employer
- ☐ Title
- ☐ Department (if applicable)
- ☐ Email address

Contact person:

- ☐ Family name
- ☐ First given name
- ☐ Secondary given name (if applicable)
- ☐ Telephone number
- ☐ Fax number (if applicable)
- ☐ Name of company/Legal name of employer
- ☐ Title

- ☐ Department (if applicable)
- ☐ Email address

Authorized Super User:

- ☐ Family name
- ☐ First given name

- ☐ Secondary given name (if applicable)

Business address

- ☐ Street address
- ☐ City/Town
- ☐ Province/State
- ☐ Postal code/Zip code
- ☐ Country
- ☐ Telephone number

- ☐ Fax number (if applicable)
- ☐ Name of company/Legal name of employer
- ☐ Title
- ☐ Department (if applicable)
- ☐ Email address



Agent Authorizing Representative

If this Electronic Filer Agreement is being executed by a Filing Agent on its own behalf, (i.e. if 'Filing Agent' is selected above) skip this Section.

Designate the same individual that is the Authorized Representative as an Agent Authorizing Representative?

- ☐ Yes
- ☐ No

Designate the same individual that is the Authorized Super User as an Agent Authorizing Representative?

- ☐ Yes
- ☐ No

If no:

- ☐ Family name
- ☐ First given name
- ☐ Secondary given name (if applicable)

Business address:

- | | |
|---|---|
| <input type="checkbox"/> Street address | <input type="checkbox"/> Fax number (if applicable) |
| <input type="checkbox"/> City/Town | <input type="checkbox"/> Name of company/Legal name of employer |
| <input type="checkbox"/> Province/State | <input type="checkbox"/> Title |
| <input type="checkbox"/> Postal code/Zip code | <input type="checkbox"/> Department (if applicable) |
| <input type="checkbox"/> Country | <input type="checkbox"/> Email address |
| <input type="checkbox"/> Telephone number | |