

B. OTHER CITIZENSHIP

| | YES | NO |
|--|-----|----|
| (i) Do you hold citizenship in any country other than Canada? | | |
| (ii) If "Yes" to Question 2B(i), the name of the country(ies): | | |
| (iii) Please provide U.S. Social Security number, where you have such a number | | |

3. EMPLOYMENT HISTORY

Provide your employment history for the **10 YEARS** immediately prior to the date of this Form starting with your current employment. Use an attachment if necessary.

| EMPLOYER NAME | EMPLOYER ADDRESS | POSITION HELD | FROM | | TO | |
|---------------|------------------|---------------|------|----|----|----|
| | | | MM | YY | MM | YY |
| | | | | | | |
| | | | | | | |
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4. POSITIONS WITH OTHER ISSUERS

| | YES | NO |
|---|-----|----|
| A. While you were a director, officer or insider of an issuer, did any exchange or self-regulatory organization refuse approval for listing or quotation of that issuer (including a listing resulting from a qualifying transaction, reverse takeover, backdoor listing or change of business)? If yes, attach full particulars. | | |
| B. Has your employment in a sales, investment or advisory capacity with any firm or company engaged in the sale of real estate, insurance or mutual funds ever been terminated for cause? | | |
| C. Has a firm or company registered under the securities laws of any jurisdiction of Canada or of any foreign jurisdiction as a securities dealer, broker, investment advisor or underwriter, suspended or terminated your employment for cause? | | |
| D. Are you or have you during the last 10 years been a director, officer, promoter, insider or control person for any reporting issuer? | | |

E. If "YES" to 4D above, provide the names of each reporting issuer. State the position(s) held and the period(s) during which you held the position(s). Use an attachment if necessary.

| NAME OF REPORTING ISSUER | POSITION(S) HELD | MARKET TRADED ON | FROM | | TO | |
|--------------------------|------------------|------------------|------|----|----|----|
| | | | MM | YY | MM | YY |
| | | | | | | |
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