RETURN COMPLETED FORM TO:

ODYSSEY TRUST COMPANY ATTN: Securities Transfer 323 - 409 Granville St Vancouver, BC V6C 1T2

EMAIL CONSENT FORM



E: www.odysseycontact.com F: 1.800.517.4553

HOLDER & CONTACT INFORMATION		
Registered Securityholder Name:		Holder Account Number (optional – see DRS statement):
Name of Securities Held (Issuer/Class):		Certificate Number(s) (if applicable):
Current Address:		
Former Address (if Address Changed):		
Email Address*:	Telephon	ne Number:
SIGNATURE OF SECURITYHOLDER		
X If this form is being signed by the legal representative(s) of the holde	r, proof of a	Date: appointment must be provided. All joint owners must sign.
* By providing your email address, you are consenting to the electronic delivery of documents related to this account including but not limited to statements, proxies, meeting materials, notices or issuer financial statements. If you do not wish to receive these		

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