Form 45-106F1 Report of Exempt Distribution

IT IS AN OFFENCE TO MAKE A MISREPRESENTATION IN THIS REPORT

ITEM 1 - REPORT TYPE								
 New report Amended report If amended, provide filing date of report that is being amended 2016 08 25 (YYYY-MM-DD) 								
ITEM 2 - PARTY CERTIFYING THE	Report							
Indicate the party certifying the report (select National Instrument 81-106 Investment Fun								
Investment fund issuer								
☑ Issuer (other than an invest	tment fund)							
Item 3 - Issuer Name and Oth								
Provide the following information about the		vestment fund, about the fund.						
_	Revive Therapeutics L							
Previous full legal name								
If the issuer's name changed in t	the last 12 months, provide mo	 ost recent previous legal name.						
Website								
If the issuer has a legal entity identifier, prov	vide below. Refer to Part B of t	he Instructions for the definition	of "legal entity identifier".					
Legal entity identifier	「							
Item 4 - Underwriter Inform								
If an underwriter is completing the report, p	rovide the underwriter's full leg	gal name and firm National Reg	istration Database (NRD) number.					
Full legal name								
Firm NRD number	er (if applicable)							
If the underwriter does not have a firm NRD number, provide the head office contact information of the underwriter.								
Street address								
Municipality		Province/State						
Country		Postal code/Zip code						
Telephone number		Website	(if applicable)					

ITEM 5 - ISSUER INFORMATION						
If the issuer is an investment fund, do not complete Item 5. Proceed to Item 6.						
a) Primary industry						
Provide the issuer's North American Industry Classification Standard (NAICS) code (6 digits only) that corresponds to the issuer's primary business activity. For more information on finding the NAICS industry code go to Statistics Canada's NAICS industry search tool . NAICS industry code <u>3 2 5 4 1 2</u>						
If the issuer is in the mining industry , indicate the stage of operations. This does not apply to issuers that provide services to issuers operating in the mining industry. Select the category that best describes the issuer's stage of operations. Exploration Development Production Is the issuer's primary business is to invest all or substantially all of its assets in any of the following? If yes, select all that apply.						
 Mortgages Real estate Commerial/business debt Consumer debt Private companies Number of employees 						
Does the issuer have a SEDAR profile? No Ves If yes, provide SEDAR profile number 0 0 0 3 4 6 0 If the issuer does not have SEDAR profile complete item 5(d)						
If the issuer does not have SEDAR profile complete item 5(d) - (h).						
d) Head office address						
Street address 5 Director Court, Suite 105 Province/State Ontario						
Municipality Vaughan Postal code/Zip code L4L 4S5						
Country Canada Telephone number						
e) Date of formation and financial year-end						
Date of formation 2013 12 30 Financial year-end 06 30 YYYY MM DD MM DD						
f) Reporting issuer status						
Is the issuer a reporting issuer in any jurisdication of Canada? 🔲 No 🗹 Yes						
If yes, select the jurisdictions of Canada in which the issuer is a reporting issuer.						
g) Public listing status						
If the issuer has a CUSIP number, provide below (first 6 digits only)						
CUSIP number						
If the issuer is publicly listed, provide the names of all exchanges on which its securities are listed. Include only the names of exchanges for which the issuer has applied for and received a listing, which excludes, for example, automated trading systems.						
Exchange name(s): Canada - TSX OTCBB Venture						
h) Size of issuer's assets						
Select the size of the issuer's assets for its most recent financial year-end (Canadian \$). If the issuer has not existed for a full financial year, provide the size of the issuer's assets at the distribution end date.						
✓ \$0 to under \$5M						
□ \$100M to under \$500M □ \$500M to under \$1B □ \$1B or over						

ITEM 6 - INVESTMENT	Fund Issuer Information					
If the issuer is an investment fund, provide the following information.						
a) Investment fund ma	nager informaiton					
Full legal name						
Firm NRD number	(if applicable)					
If the investment fund man	ager does not have a firm NRD number, provide the head office contact information of the investment fund manager.					
Street address						
Municipality	Province/State					
Country	Postal code/Zip code					
Telephone number	Website (if applicable)					
b) Type of investment	fund					
Type of investment fund that	most accurately identifies the issuer (select only one) .					
Money market	Equity Fixed income					
Balanced	Alternative strategies Other (describe)					
Indicate whether one or both	of the following apply to the investment fund .					
Invests primarily in	other investment fund issuers					
Is a UCITs Fund ¹						
¹ Undertaking for the Collective directives that allow collective	e Investment of Transferable Securities funds (UCITs Funds) are investment funds regulated by the European Union (EU) e investment schemes to operate throughout the EU on a passport basis on authorization from one member state.					
	nd financial year-end of the investment fund					
Date of formati						
	YYYY MM DD MM DD					
d) Reporting issuer sta	atus of the investment fund					
	rting issuer in any jurisdication of Canada? 🔲 No 🗌 Yes					
If yes, select the jurisdictions of All	of Canada in which the investment fund is a reporting issuer.					
e) Public listing status	NU ON PE QC SK YT of the investment fund					
	CUSIP number, provide below (first 6 digits only)					
CUSIP number						
If the investment fund is publicly listed, provide the names of all exchanges on which its securities are listed. Include only the names of exchanges for						
which the issuer has applied for and received a listing, which excludes, for example, automated trading systems.						
Exchage names						
f) Net asset value (NA	V) of the investment fund					
Select the NAV range of the investment fund as of the date of the most recent NAV calculation (Canadian \$).						
\$0 to under \$5M	\$5M to under \$25M \$25M to under \$100M					
\$100M to under \$500						
	YYYY MM DD					

ITEM 7 - INFORMATION ABOUT THE DISTRIBUTION										
purchasers reside	If an issuer located outside of Canada completes a distribution in a jurisdiction of Canada, include in Item 7 and Schedule 1 information about purchasers resident in that jurisdiction of Canada only. Do not include in Item 7 securities issued as payment of commissions or finder's fees, which should be disclosed in Item 8. The information provided in Item 7 must reconcile with the information provided in Schedule 1 of the report.									
a) Currency							p			
Select the currence	cy or currencie	es in which the di	stribution was ma	de. All doi	llar amounts	provided ir	n the re	port mus	t be in Cana	dian dollars.
🖌 Canadiar	n dollar	US dollar	Eur	0	Other (describe)) [
b) Distributio	on date(s)									
	t and end date	es. If the report is					-		-	vide the distribution date I end dates for the
	Sta	art date 2016	6 08 18	3		End date	20	16	08 18	3
		YYYY	MM DD	,			YY	Υ	MM DD)
c) Detailed p	purchaser in	formation								
Complete Sche	dule 1 of th	is form for ea	ch purchaser a	nd attac	h the sche	dule to th	ne con	npleted	report.	
d) Types of	securities di	stributed								
			butions that take							
Instructions for distributed.	how to indica	ite the security co	de. If providing th	e CUSIP r	number, indic	ate the full	9-digi	t CUSIP n	umber assig	ned to the security being
									Canadi	an \$
	USIP number (if applicable)	Desc	ription of security		Numbe securi		lov	gle or vest rice	Highest pric	ce Total amount
UBS			nsists of one are and one-h non Share pur		15,000	,000.00	(0.1000		1,500,000.00
e) Details of	f rights and o	convertible/exc	hangeable secu	irities						
			ibuted, provide the and describe any							le/exchangeable securities
Security code	Underlying security code		se price dian \$) Highest		ry date - MM-DD)	Conversi ratio	on	Descri	be other items	s (if applicable)
		0.1800	riigheat				1.00	f the V	WAP of th	ne CMS on
				0046	00.40			the TS> \$0.25/C	(-V excee MS for ar	ds ny 20 ng days the
UBS	WNT			2018	3-06-18		1	busines	s days fol	llowing such
										celerate the
WNT Expiry Date by giving notice to the holders thereof & issuing a press release										
f) Summary	of the distril	oution by jurisd	iction and exem	nption						
										n jurisdiction where a
			ed on in Canada fo e distributions to p							inada completes a
This table requi	ires a separate	line item for: (i)	each jurisdiction w	vhere a pu	ırchaser resid	les, (ii) eacl	h exem	ption reli	ed on in the	jurisdiction where a
jurisdiction.	purchaser resides, if a purchaser resides in a jurisdiction of Canada, and (iii) each exemption relied on in Canada, if a purchaser resides in a foreign iurisdiction.									

For jurisdictions within Canada, state the province or territory, otherwise state the country.

Province or country	Exemption relied on	Number of purchasers	Total amount (Canadian \$)
Ontario	NI 45-106 2.3 [Accredited investor]	22	648,500.00
British Columbia	NI 45-106 2.3 [Accredited investor]	3	300,000.00
Alberta	NI 45-106 2.3 [Accredited investor]	6	401,500.00

Québec	NI 45-106 2.3 [Accredited investor]	2	100,000.00
Hong Kong	Other	1	50,000.00
	Total dollar amount of sec	urities distributed	1,500,000.00
	Total number of unique purchasers ²	34	

²In calculating the total number of unique purchasers to which the issuer distributed securities, count each purchaser only once, regardless of whether the issuer distributed multiple types of securities to, and relied on multiple exemptions for, that purchaser.

g) Net proceeds to the investment fund by jurisdiction

If the issuer is an investment fund, provide the net proceeds to the investment fund for each jurisdiction of Canada and foreign jurisdiction where a purchaser resides.³ If an issuer located outside of Canada completes a distribution in a jurisdiction of Canada, include net proceeds for that jurisdiction of Canada only. For jurisdictions within Canada, state the province or territory, otherwise state the country.

Province or country	Net proceeds (Canadian \$)
Total net proceeds to the investment fund	

³"Net proceeds" means the gross proceeds realized in the jurisdiction from the distributions for which the report is being filed, less the gross redemptions that occurred during the distribution period covered by the report.

h) Offering materials - This section applies only in Saskatchewan, Ontario, Québec, New Brunswick and Nova Scotia.

If a distribution has occurred in Saskatchewan, Ontario, Québec, New Brunswick or Nova Scotia, complete the table below by listing the offering materials that are required under the prospectus exemption relied on to be filed with or delivered to the securities regulatory authority or regulator in those jurisdictions.

In Ontario, if the offering materials listed in the table are required to be filed with or delivered to the Ontario Securities Commission (OSC), attach an electronic version of the offering materials that have not been previously filed with or delivered to the OSC.

Description	Date of document or other material (YYYY-MM-DD)	Previously filed with or delivered to regulator? (Y/N)	Date previously filed or delivered (YYYY-MM-DD)

ITEM 8 - COMPENSATION INFORMATION							
Provide information for each person (as defined in NI 45-106) to whom the issuer directly provides, or will provide, any compensation in connection with the distribution. Complete additional copies of this page if more than one person was, or will be, compensated.	n N						
Indicate whether any compensation was paid, or will be paid, in connection with the distribution.							
No Ves If yes, indicate number of persons compensated.							
a) Name of person compensated and registration status							
Indicate whether the person compensated is a registrant. No Ves							
If the person compensated is an individual, provide the name of the individual.							
Full legal name of individual							
Family name First given name Secondary given names							
If the person compensated is not an individual, provide the following information.							
Full legal name of non-individual Hampton Securities Limited							
Firm NRD number 2 8 9 0 (if applicable)							
Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal. 🗸 No 🔲	Yes						
b) Business contact information							
If a firm NRD number is not provided in Item 8 (a), provide the business contact information of the person being compensated.							
Street address							
Municipality Province/State	=						
Country Postal code/Zip code	\dashv						
Email address Telephone number							
 c) Relationship to issuer or investment fund manager Indicate the person's relationship with the issuer or investment fund manager (select all that apply). Refer to the meaning of "connected" in Part B(2) of the Instructions and the meaning of "control" in section 1.4 of NI 45-106 for the purposes of completing this section. 							
Connect with the issuer or investment fund manager Insider of the issuer (other than an investment fund)							
Director or officer of the investment fund or investment fund manager Employee of the issuer or investment fund manager							
✓ None of the above							
d) Compensation details							
Provide details of all compensation paid, or to be paid, to the person identified in Item 8(a) in connection with the distribution. Provide all amoun Canadian dollars. Include cash commissions, securities-based compensation, gifts, discounts or other compensation. Do not report payments for services incidental to the distribution, such as clerical, printing, legal or accounting services. An issuer is not required to ask for details about, or re on, internal allocation arrangements with the directors, officers or employees of a non-individual compensated by the issuer.							
Cash commissions paid 29,470.00 Security codes Security code 1 Security code 2 Security code	e 3						
Value of all securities W N T							
distributed as compensation ⁴							
Describe terms of warrants, options or other rights Describe terms of warrants, options or other rights Exercisable to purchase one Unit at an exercise of \$0.10 per Finder's Unit until June 18, 2018.							
Other compensation ⁵ Describe							
Total compensation paid 29,470.00							
Check box if the person will or may receive any deferred compensation (describe the terms below)							
⁴ Provide the aggregate value of all securities distributed as compensation, <u>excluding</u> options, warrants or other rights exercisable to acquire additional securities of the issuer. Indicate the security codes for all securities distributed as compensation. including options, warrants or oth							

additional securities of the issuer. Indicate the security codes for all securities distributed as compensation, <u>including</u> options, warrants or othe rights exercisable to acquire additional securities of the issuer. ⁵Do not include deferred compensation.

a) Name of person compensated and registration status	
Indicate whether the person compensated is a registrant. No Ves	
If the person compensated is an individual, provide the name of the individual.	
Full legal name of individual	
Family name First given name Second	dary given names
If the person compensated is not an individual, provide the following information.	
Full legal name of non-individual RBC Dominion Securities Inc.	
Firm NRD number 3 1 6 0 (if applic	cable)
Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based	l portal. 🗹 No 🗌 Yes
b) Business contact information	
If a firm NRD number is not provided in Item 8 (a), provide the business contact information of the person being con	npensated.
Street address	
Municipality Province/State	
Country Postal code/Zip code	
Email address Telephone number	
c) Relationship to issuer or investment fund manager	
Indicate the person's relationship with the issuer or investment fund manager (select all that apply). Refer to the med B(2) of the Instructions and the meaning of "control" in section 1.4 of NI 45-106 for the purposes of completing this s	
Connect with the issuer or investment fund manager Insider of the issuer (othe	r than an investment fund)
Director or officer of the investment fund or investment fund manager Employee of the issuer or	r investment fund manager
✓ None of the above	
d) Compensation details	
Provide details of all compensation paid, or to be paid, to the person identified in Item 8(a) in connection with the dis Canadian dollars. Include cash commissions, securities-based compensation, gifts, discounts or other compensation. services incidental to the distribution, such as clerical, printing, legal or accounting services. An issuer is not required on, internal allocation arrangements with the directors, officers or employees of a non-individual compensated by the	Do not report payments for to ask for details about, or report
Cash commissions paid 35,000.00 Security codes Security code 1	Security code 2 Security code 3
Value of all securities distributed as compensation ⁴	
Describe terms of warrants, options or other rights	
Other compensation ⁵ Describe	
Total compensation paid 35,000.00	
Check box if the person will or may receive any deferred compensation (describe the terms below)	
⁴ Provide the aggregate value of all securities distributed as compensation, excluding options, warrants or other ri	ights exercisable to acquire
additional securities of the issuer. Indicate the security codes for all securities distributed as compensation, <u>includ</u> rights exercisable to acquire additional securities of the issuer.	

⁵Do not include deferred compensation.

a) Name of person com	pensated and regi	stration status							
Indicate whether the perso	n compensated is a r	registrant.	No No		🛛 Yes				
If the person compensated is an individual, provide the name of the individual.									
Full legal name of indiv	/idual								
Family name First given name Secondary given names									
If the person compensated is not an individual, provide the following information.									
Full legal name of non-individual First Republic Capital Inc.									
F	irm NRD number	2 7	2 7	0		(if app	licable)		
Indicate whether the persor	Indicate whether the person compensated facilitated the distribution through a funding portal or an internet-based portal. \checkmark No \square Yes								
b) Business contact info	-			57			F		
If a firm NRD number is not	provided in Item 8 (a,), provide the busii	ness contact i	nformation of	the perso	n being c	ompensated		
Street address									
Municipality					Provinc	e/State			
Country				Posta	al code/Z	in code			
-						-			
Email address				I ei	ephone i	number			
c) Relationship to issuer		<u> </u>							
Indicate the person's relation B(2) of the Instructions and t								onnecte	d" in Part
Connect with the issu	-		, ,		-	-	ner than an i	investme	ent fund)
Director or officer of	the investment fund	or investment fund	d manager	Empl	loyee of t	ne issuer	or investme	nt fund ı	manager
\checkmark None of the above			C C						Ū
d) Compensation details	3								
Provide details of all compens Canadian dollars. Include cas services incidental to the distr	sation paid, or to be p h commissions, secur	rities-based compe	nsation, gifts,	discounts or	other com	pensation	n. Do not rep	ort payr	nents for
on, internal allocation arrang									
Cash commissions pa	aid 12,7	75.00	Security of	odes	Securit	/ code 1	Security co	de 2 S	Security code 3
Value of all securitie distributed			,		w	νТ			
compensatio									
Describe terms of warrants, options or other rights Describe terms of warrants, options or other rights exercisable to purchase one Unit at an exercise of \$0.10 per Finder's Unit until June 18, 2018.									
Other compensation	n ⁵	Descri	be						
Total compensation pa	aid 12,7	75.00							
Check box if the pe	erson will or may rec	eive any deferred	compensatic	n (describe th	he terms l	pelow)			
4 Provido the compared with	o of all appreciation di-	tributed co corre-	nootion and	luding ontion		o or other	righte aver	niaahla t	o ooguiro
⁴ Provide the aggregate valuation additional securities of the is rights exercisable to acquire	ssuer. Indicate the se	ecurity codes for a							

⁵Do not include deferred compensation.

a) Name of person comp	ensated and registration sta	atus						
Indicate whether the persor	n compensated is a registrant.		No 🗸	/ Yes				
If the person compensated is a	an individual, provide the name	of the individuo	ıl.					
Full legal name of indiv	idual							
	Family name		First given name	e Sec	ondary given names			
If the person compensated is	not an individual, provide the f	following inform	ation.					
Full legal name of non-individual BT Global Growth Inc.								
Fi	rm NRD number 3	4 1	9 0	(if app	blicable)			
Indicate whether the person	compensated facilitated the dist	tribution throug	h a fundina portal					
b) Business contact infor	·							
If a firm NRD number is not p	rovided in Item 8 (a), provide th	e business cont	act information of	the person being o	compensated.			
Street address								
Municipality				Province/State				
Country			Posta	l code/Zip code				
Ľ				-				
Email address			Tele	ephone number				
	or investment fund manage							
	hip with the issuer or investmer e meaning of "control" in sectio							
	er or investment fund manager				her than an investment fund)			
Director or officer of th	ne investment fund or investme	ent fund manage	er 🗖 Empl	oyee of the issuer	or investment fund manager			
✓ None of the above		Ū			Ĵ			
d) Compensation details								
Provide details of all compens Canadian dollars. Include cash services incidental to the distri	commissions, securities-based	compensation, g	gifts, discounts or o nting services. An i	other compensation issuer is not require	ed to ask for details about, or report			
Cash commissions pa	id 7,000.00	Secu	rity codes	Security code 1	Security code 2 Security code 3			
Value of all securitie		Occu		W N T				
distributed a compensatio								
Describe terms of warrants, options or other rights 70,000.0000 Warrants. Each Finder's Warrant will be exercisable to purchase one Unit at an exercise of \$0.10 per Finder's Unit until June 18, 2018.								
Other compensation	۱ ⁵	Describe						
Total compensation pa	id 7,000.00							
Check box if the pe	Check box if the person will or may receive any deferred compensation (describe the terms below)							
additional securities of the is	e of all securities distributed as suer. Indicate the security code additional securities of the issu	es for all securit			r rights exercisable to acquire <u>cluding</u> options, warrants or other			

⁵Do not include deferred compensation.

ITEM 9 - DIRECTORS, EXECUTIVE OFFICERS AND PROMOTERS OF THE ISSUER											
If the issuer is an investment fund, do not complete Item 9. Procced to Item 10.											
Indicate whether the issuer is any of the following (select all that apply).											
Ŀ	Reporting issuer in any jurisdic	tion of Canada									
Foreign public issuer											
Wholly owned subsidiary of a reporting issuer in any jurisdiction of Canada ⁶											
	Provide name of reporting issuer										
Wholly owned subsidiary of a foreign public issuer ⁶											
Provide name of foreign public issuer											
Issuer distributing eligible foreign securities only to permitted clients ⁷											
If the issuer is at least one of the above, do not complete Item 9(a) – (c). Proceed to Item 10.											
⁶ An issuer is a wholly owned subsidiary of a reporting issuer or a foreign public issuer if all of the issuer's outstanding voting securities, other than securities that are required by law to be owned by its directors, are beneficially owned by the reporting issuer or the foreign public issuer, respectively. ⁷ Checck this box if it applies to the current distribution even if the issuer made previous distributions of other types of securities to non-permitted clients. Refer to the definitions of "eligible foreign security" and "permitted client" in Part B(1) of the Instructions.											
a) Directors, executive officers and promoters of the issuer											
Provide the following information for each director, executive officer and promoter of the issuer. For locations within Canada, state the province or territory; otherwise state the country. For "Relationship to issuer", "D" – Director, "O" – Executive Officer, "P" – Promoter.											
	Organization or company name	Family name	First given name	Secondary give names	Business location o non-individual or residentail jurisdiction of individual		Relationship to issuer (select all that apply)				
					Province o	r country	D	0	Р		
b)	Promoter information		·	·							
If the promoter listed above is not an individual, provide the following information for each director and executive officer of the promoter. For locations within Canada, state the province or territory; otherwise state the country. For "Relationship to promoter", "D" – Director, "O" – Executive Officer.											
	Organization or company name	Family name	First given name	Secondary given names	Residential jurisdiction of individual	Relationship to promoter (select one or both if applicat					
					Province or country	D		C	>		
c) Residential address of each individual											
Complete Schedule 2 of this form providing the full residential address for each individual listed in Item 9(a) and (b) and attach to the											

completed report. Schedule 2 also requires information to be provided about control persons.

ITEM 10 - CERTIFICATION

Provide the following certification and business contact information of an officer or director of the issuer or underwriter. If the issuer or underwriter is not a company, an individual who performs functions similar to that of a director or officer may certify the report. For example, if the issuer is a trust, the report may be certified by the issuer's trustee. If the issuer is an investment fund, a director or officer of the investment fund manager (or, if the investment fund manager is not a company, an individual who performs similar functions) may certify the report if the director or officer has been authorized to do so by the investment fund.

The certification may not be delegated to an agent or other individual preparing the report on behalf of the issuer or underwriter. If the individual completing and filing the report is different from the individual certifying the report, provide their name and contact details in Item 11.

The signature on the report must be in typed form rather than handwritten form. The report may include an electronic signature provided the name of the signatory is also in typed form.

IT IS AN OFFENCE TO MAKE A MISREPRESENTATION IN THIS REPORT

By completing the information below, I certify to the securities regulatory authority or regulator that:

- I have read and understand this report; and
- all of the information provided in this report is true.

Full legal name	Chianelli	Fabio				
	Family name	First given name		Secondary given names		
Title	President					
Name of issuer/underwriter/ investment fund manager	Revive Therapeutics Ltd.					
Telephone number		Email address				
Signature	(signed) Fabio Chianelli	Date	2016	08	31	
		_	YYYY	MM	DD	

ITEM 11- CONTACT PERSON

Provide the following business contact information for the individual that the securities regulatory authority or regulator may contact with any questions regarding the contents of this report, if different than the individual certifying the report in Item 10.

 Same as individual certifying the report

 Full legal name
 Cass
 Warren
 Title
 Solicitor

 Family name
 First given name
 Secondary given names
 Secondary given names

 Name of company
 Peterson McVicar LLP
 Email address
 wc@petelaw.com

Notice - Collection and use of personal information

The personal information required under this form is collected on behalf of and used by the securities regulatory authority or regulator under the authority granted in securities legislation for the purposes of the administration and enforcement of the securities legislation.

If you have any questions about the collection and use of this information, contact the securities regulatory authority or regulator in the local jurisdiction(s) where the report is filed, at the address(es) listed at the end of this form.

The attached Schedules 1 and 2 may contain personal information of individuals and details of the distribution(s). The information in Schedules 1 and 2 will not be placed on the public file of any securities regulatory authority or regulator. However, freedom of information legislation may require the securities regulatory authority or regulator to make this information available if requested.

By signing this report, the issuer/underwriter confirms that each individual listed in Schedule 1 or 2 of the report who is resident in a jurisdiction of Canada:

- a) has been notified by the issuer/underwriter of the delivery to the securities regulatory authority or regulator of the information pertaining to the individual as set out in Schedules 1 or 2, that this information is being collected by the securities regulatory authority or regulator under the authority granted in securities legislation, that this information is being collected for the purposes of the administration and enforcement of the securities legislation of the local jurisdiction, and of the title, business address and business telephone number of the public official in the local jurisdiction, as set out in this form, who can answer questions about the security regulatory authority's or regulator's indirect collection of the information, and
- b) has authorized the indirect collection of the information by the securities regulatory authority or regulator.