



REQUEST FOR REFUND OF SEDAR SYSTEM FEES

Refund Instructions and Terms

This Request for Refund of SEDAR System Fees may only be used to request a refund of SEDAR System Fees. For any refunds of other fees paid to securities regulatory authorities or the Market Centres, the subscriber must contact them directly.

This refund request must be submitted by the subscriber within six months of their filing the electronic payment. If approved, the refund will be first applied to offset outstanding fees and charges, if any, owing by subscriber, whether or not such fees and charges are in respect of fees and charges owing by subscriber on its own behalf or as filing agent on behalf of any other person or reporting issuer (s). Refunds, or the remaining amount of the refund, will be issued by cheque mailed to subscriber. By submitting this request, subscriber undertakes and agrees that it is subscriber's sole responsibility to forward any approved refund to the person(s) or reporting issuer (s) entitled to receive the same.

This refund form should be submitted with a covering letter on subscriber's company letterhead with authorized signature:

Mail: Alberta Securities Commission
c/o CSA Service Desk
Attn: SEDAR Filing Service Contractor
12 Millennium Blvd, Suite 210,
Moncton, NB E1C 0M3

Email: sedar@csa-acvm.ca

You may also contact the CSA Service Desk at 1-800-219-5381.

REQUEST MADE BY: _____

Subscriber Name (in full) _____

Mailing Address: _____

City/Town _____ Prov/Territory _____ Postal Code _____

Contact Name: _____

Telephone No.: (____) _____ Fax No.: (____) _____

REFUND DETAILS

Issuer Name: _____

Project No.: _____ Payment No.: _____

Filing Type: _____

Issuer No.: _____ Date of Filing: ___/___/___ (mm/dd/yr)

The SEDAR System Fees refund amount requested: \$_____

Reason for Refund Request:

If applicable, provide details in respect of the project where payment was made for the correct or accepted filing:

Issuer Name: _____

Project No.: _____ Payment No.: _____

Filing Type: _____

Issuer No.: _____ Date of Filing: ____ / ____ / ____ (mm/dd/yr)

Signature of Authorised Representative of Subscriber making this request

Date

Name of Authorised Representative signing above (please print)

For Office Use Only

Date Refund Form Received: ____ / ____ / ____ (mm/dd/yr)

Reviewed by: _____

Approval: _____ Date: ____ / ____ / ____ (mm/dd/yr)

If refund rejected, provide details:

Billing Department

Amount of refund to be applied to outstanding SEDAR fees and charges: \$ _____

Invoice no. (s) / EDI Project no. (s) where refund applied:

Amount of refund to be issued by cheque: \$ _____

Date Cheque Requisition submitted to A/P: ____ / ____ / ____ (mm/dd/yr)