

Account number	Rep code
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Trading Authorization

The information requested in this form is in compliance with regulatory requirements.



A Account information	
Legal Entity name	Registration number (as applicable)
Account type	
<input type="radio"/> Company/Corporation	<input type="radio"/> Partnership
<input type="radio"/> Personal Holding Company or Non-Operating Private Company	<input type="radio"/> Company/Corporation/Institution/Broker/Al/AC or Non-Al/AC
<input type="radio"/> Private Foundations, Charities, Religious & Not-for-Profit Organizations	<input type="radio"/> Condominium Corporation
<input type="radio"/> Investment Club (also complete section D)	<input type="radio"/> Municipal Governments, Schools, Hospitals
B Authorized Trading Authority (Identify all Authorized Trading Authorities for this account. Append additional pages as required)	
Authorized Trading Authority Name	Position within Organization
Authorized Trading Authority Name	Position within Organization
Authorized Trading Authority Name	Position within Organization
<p>We, hereby agree/resolve that the identified parties listed in Section B are hereby authorized to act on behalf of the Legal Entity (hereinafter to be referred to as the "Organization") to buy, sell (including short sales) and trade in stocks, bonds, debentures, options and any other securities and/or commodities and/or contracts relating thereto, by exchange or otherwise; deposit with Scotia iTRADE any securities or monies; request withdrawals, payments of securities from the account(s) and to give a receipt for the same; for the Organization's account and risk, on margin or otherwise, all in accordance with your terms and conditions.</p> <p>We hereby agree/ratify and confirm all and whatsoever that may be done by virtue of this authorization;</p> <p>AND THAT all of the above listed actions carried out on behalf of the Organization shall be valid and binding on us;</p> <p>AND THAT this authorization shall remain in full force and effect until written notice of revocation thereof shall have been filed by the appropriate authorized party for the Organization with the Branch of Scotia iTRADE where the account is maintained with a copy to the head office of Scotia iTRADE. It shall continue after the death or incapacity of any of the undersigned until receipt by Scotia Capital Inc. of notice thereof but such revocation shall not affect any liability in any way resulting from transactions initiated prior to such revocation. This authorization and indemnity shall ensure to the benefit of Scotia Capital Inc., its successors and assigns and the heirs, executors, administrators and legal personal representatives of the directors, officers and employees of Scotia Capital Inc.</p>	
C Date of Resolution	
<p>Certified to be true, copy of a resolution passed by the board of directors of the organization on _____ which resolution is in full force and effect, unamend, as of the date hereof. <small style="margin-left: 150px;">Enter date (mm-dd-yyyy)</small></p> <p>Be it further certified that the organization is duly incorporated/in force, organized and existing and has the power and authority to invest or trade in securities of any kind on margin or otherwise and to delegate its power as declared in the above resolution.</p>	
D Investment Clubs (Signature(s) required. Identify all club members for this account. Append additional pages as required.)	
Name of club member	Occupation
Signature of club member	Date (mm-dd-yyyy)
Name of club member	Occupation
Signature of club member	Date (mm-dd-yyyy)

Trading Authorization

E Certification (Signature(s) required. For Corporations, the Corporate Secretary must sign. For Investment Clubs, the President must sign.)

Scotia Capital Inc. is authorized to follow the instructions of any of the above named agents in every respect concerning the undersigned's account with Scotia Capital Inc., and make deliveries of securities and payment of monies to them as they may order and direct. In all matters and things aforementioned, as well as in all other things necessary or incidental to the furtherance or conduct of the account of the undersigned, the aforesaid person(s) and attorney(s)-in-fact is/are authorized to act for the undersigned and on the undersigned's behalf in the same manner and with the same force and effect as the undersigned might or could do. The undersigned hereby ratify and confirm any and all transactions with Scotia Capital Inc. heretofore and hereafter made by the aforesaid person(s) or for the undersigned's account. This authorization and indemnity is in addition to (and in no way limits or restricts) any rights which you may have under any other agreement or agreements between the undersigned and Scotia Capital Inc.

[Quebec residents only] I acknowledge that the French and English versions of this agreement were remitted to me. I expressly request and agree to be bound exclusively by the English version of this agreement and that all related documents, including any notices, be drafted in English only. [Résidents du Québec seulement] Je reconnais que les versions française et anglaise de cette convention m'ont été remises. Je demande expressément et accepte d'être lié exclusivement par la version anglaise de cette convention et que tous les documents qui s'y rattachent, y compris tous avis, soient rédigés en anglais seulement.

 Signature of authorized person		Date (mm-dd-yyyy)
Name of authorized person	Position within organization (CEO, President, Secretary, etc)	
 Signature of authorized person		Date (mm-dd-yyyy)
Name of authorized person	Position within organization (CEO, President, Secretary, etc)	