

TO BE FILLED OUT BY APPLICANT:

DATE:

Full Name of Client:

Client's Address Line 1:

Client's Address Line 2 (Number of P.O. Box):

ASSETS	AMOUNT IN DOLLARS
Cash - Chequing Accounts	
Cash - Savings Accounts	
Certificates of Deposit	
Securities - Stocks/ Bonds/ Mutual Funds	
Notes & Contracts Receivable	
Life Insurance <i>(cash surrender value)</i>	
Personal Property <i>(autos, jewelry, etc.)</i>	
Retirement Funds	
Real Estate <i>(market value)</i>	
Other Assets <i>(specify)</i>	
Other Assets <i>(specify)</i>	
TOTAL ASSETS	

LIABILITIES	AMOUNT IN DOLLARS
Current Debt <i>(credit cards, hire purchase)</i>	
Current Debt <i>(bank loans, motor vehicle)</i>	
Notes payable	
Taxes payable	
Real estate mortgages	
Other liabilities <i>(specify)</i>	
Other liabilities <i>(specify)</i>	
TOTAL LIABILITIES	

NET WORTH	

Note: By signing this checklist, you are certifying to us that the information set out therein is true and accurate. You understand that this information contained herein will be relied upon by us in considering your eligibility to participate in this exempt distribution, and our compliance with regulation XD under the Securities Act, and you agree to indemnify us in the event that it is not true and accurate.

Client's Signature:

Date as at [day/month/year]: