

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, the electronic filer must contact them directly.

This refund request must be submitted by the electronic filer within six months of their filing t he electronic payment. Refunds will be issued by cheque mailed to the electronic filer, or via Electronic Funds Transfer. By submitting this request, the electronic filer undertakes and agrees that it is the electronic filer’s sole responsibility to forward any approved refund to the filer (s) entitled to receive the same.

Mail: CSA Service Desk

Attn: SEDAR+ Operator

12 Millennium Blvd, Suite 210, Moncton, NB E1C 0M3

Email: [sedarplus@csa-acvm.ca](mailto:sedarplus@csa-acvm.ca)

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

**REQUEST MADE BY**

Contact Name: \_ \_ \_\_ \_\_ \_\_\_ \_\_

Telephone No.: (\_ \_) \_ \_\_\_\_ \_ Email Address.: (\_ \_) \_\_ \_\_\_\_ \_\_\_

# REFUND DETAILS

Electronic Filer Name: Electronic Filer No.:

Filer Name (if different from Electronic Filer):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SEDAR+ Profile number:\_\_\_\_\_\_\_\_\_\_\_\_\_

Submission No.: Transaction No.:

Date of Filing: / / (mm/dd/yr)

Filing Type: Refund method: Cheque EFT

SEDAR+ System refund request amount: $

**Reason for Refund Request**

Signature of Authorized Representative of Electronic Filer making this request Date

Name of Authorized Representative signing above (please print)