



Know Your Client (KYC) Form Family, Friends and Business Associates Exemption Addendum

If this KYC is being completed in connection with an investment under the "Family, Friends and Business Associates" prospectus exemption, please complete the below.

Name of Issuer *[insert complete corporate name]*: _____ (the "Issuer").

Relationship with Issuer (to be filled in by Client)

You are (please initial or place a check-mark on the appropriate line below and provide the requested information, as applicable) **(YOU MUST INITIAL OR PLACE A CHECK-MARK ON THE APPROPRIATE LINE(S))**:

| | | |
|--------------------------|-------|---|
| <input type="checkbox"/> | (i) | a director, executive officer or control person of the Issuer, or of an affiliate of the Issuer |
| <input type="checkbox"/> | (ii) | a spouse, parent, grandparent, brother, sister, child or grandchild of _____ (print name of person), who is a director, executive officer or control person of the Issuer or of an affiliate of the Issuer |
| <input type="checkbox"/> | (iii) | a parent, grandparent, brother, sister, child or grandchild of the spouse of _____ (print name of person), who is a director, executive officer or control person of the Issuer or of an affiliate of the Issuer |
| <input type="checkbox"/> | (iv) | _____ a close personal friend of _____ (print name of person), who is a director, executive officer, founder or control person of the Issuer, or of an affiliate of the Issuer, and has been for _____ years based on the following factors: _____ _____ _____ _____ _____ _____ (explain the nature of the close personal friendship) |
| <input type="checkbox"/> | (v) | a close business associate of _____ (print name of person), who is a director, executive officer, founder or control person of the Issuer, or of an affiliate of the Issuer, and has been for _____ years based on the following factors: _____ _____ _____ _____ _____ (explain the nature of the close business association) |
| <input type="checkbox"/> | (vi) | a founder of the Issuer or a spouse, parent, grandparent, brother, sister, child, grandchild, close personal friend or close business associate of _____ (print name of person), who is a founder of the Issuer, and, if a close personal friend or close business associate of such person, has been for _____ years based on the following factors: _____ _____ _____ _____ _____ _____ (explain the nature of the close personal friendship or business association) |
| <input type="checkbox"/> | (vii) | a parent, grandparent, brother, sister, child or grandchild of the spouse of _____ (print name of person), who is a founder of the Issuer |

Issuer Contact Person (to be filled in by the Issuer)

[Instruction: To be completed by the director, executive officer, control person or founder with whom the purchaser has a close personal relationship indicated in the table above]

By signing this form, you confirm that you have, or your spouse has, the following relationship with the purchaser and agree with the purchaser’s description of this relationship, as set out in the purchaser’s responses to the table above: *[check the box that applies]*

| | |
|--|---------------------------|
| | family relationship |
| | close personal friendship |
| | close business associate |

First and last name of contact person *[please print]*:

Position with the Issuer or affiliate of the Issuer (director, executive officer, control person or founder):

| | |
|------------|--------|
| Telephone: | Email: |
| Signature: | Date: |

NOTES – FOR OFFICER USE ONLY.
