

Integral Transfer Agency Inc.

600 Annette St., Lower Level, Toronto, ON M6S 2C4 Canada

Phone: +1-416-623-8028 / Fax: +1-647-794-3332

www.integraltransfer.com / info@integraltransfer.com



Stock Power of Attorney

(Necessary for the transfer of ownership by a Corporation)

Original Documents must be mailed to the mailing address listed above

I, _____ the _____ of
_____ hereby transfer the ownership of:

Issuer Name: _____

ISIN / CUSIP: _____

Number of Shares: _____

Certificate #: _____

To:

Name: _____

Street: _____

City: _____

Province / State: _____

Postal / Zip Code: _____

Country: _____

Email Address: _____

Transferred for: _____
(Sale, Gift, Debt, Death (Attach Copy of The Death Certificate, and Probate or equivalent), or Other (please Explain))

For the amount of (If Applicable) \$ _____, on the date of _____
as a _____.
(Certificate or Book Entry)

Billing Email Address: _____

I have the power to transfer these shares as I have the power vested in me as proved in the attached documents:

- ☐ Certificate of Good Standing less than one year old
- ☐ Current Director/Officer Registry with my name on it

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- ☐ Signed board resolution giving me authorization
- ☐ Notarized copy of my Photo ID less than one year old, not expired, as of the date of this SPA
- ☐ DRS Statement or Physical Certificate (Original Physical Certificates must be mailed with this SPA)

Dated: _____

Signature: _____

Certification by Lawyer, Notary Public or Medallion Guarantee Stamp

I hereby certify that _____ appeared and signed this document before me and that the Photo ID appearing thereon is a true likeness of the signatory named in this document.

Date: _____

Signature: _____

Name: _____

Commission / License Number: _____

Commission Expiry: _____

Address: _____

Telephone: _____

Email: _____

(Lawyer, Notary or Medallion Guarantee Stamp Goes Here)