



# FORM 200

## AUTHORIZED GROUP SERVICES

Use of the Authorized Services must be in accordance with applicable statutes and regulations thereunder and applicable terms and conditions. Your application is subject to acceptance by Teranet Inc. and its affiliates ("Teranet"). NOTE: Information collected from this form and the resulting usage of the Authorized Services will be used by Teranet for the purposes of: (a) administration of and access to systems, products and services; and (b) providing the Account Holder and PSL Holders with information on the systems, products and services of Teranet. For questions on collection and use of this information, please contact Teranet at 1-800-208-5263 or 416-360-1190. If you do not wish to receive information on other systems, products or services of Teranet, please check this box .

### 1. ACCOUNT HOLDER INFORMATION

ACCOUNT NAME (EXISTING ACCOUNT HOLDERS ONLY) \_\_\_\_\_ ACCOUNT NUMBER (EXISTING ACCOUNT HOLDERS ONLY) \_\_\_\_\_

ACCOUNT HOLDER (BUSINESS/FIRM/ORGANIZATION/INDIVIDUAL) LEGAL NAME \_\_\_\_\_

### 2. INDIVIDUALS ASSOCIATED WITH THIS GROUP (PLEASE PRINT)

**GENERAL TERMS AND CONDITIONS:** (i) If any individual listed below does not hold a Teranet issued Personal Security Licence (PSL), a PSL Application (Form 300) must be included for each individual. (ii) an Account Holder should not list any services an individual uses under another account. (iii) The undersigned Account Holder hereby authorizes Teranet to issue to the Applicant(s) listed in Section 2 below, a Personal Security Licence, which will allow for access to the Authorized Services identified and use of the undersigned's Account. The Account Holder acknowledges and agrees to be responsible for all charges incurred by the Personal Security Licence Applicants through the use of the Licence(s). The Account Holder acknowledges that it must report any loss, misuse or compromise of the Licence(s) assigned to its Account as soon as it becomes aware of same. (iv) Each Applicant listed in Section 2 below must complete a Personal Security Licence Application. (v) PSL Holders and Account Holders shall provide updated information to Teranet whenever changes occur with respect to information provided in a PSL Application. Use of the PSL is subject to further terms and conditions as set in the Teranet Personal Security Licence Terms and Conditions.

**GROUP AUTHORIZATION TERMS & CONDITIONS:** The undersigned Authorized Account Holder Representative hereby authorizes Teranet to issue to the Applicant(s) listed in Section 2 a Personal Security Licence (PSL) which will allow for access to the Authorized Services indicated. For all applicants, this includes the use of the Account Holder's Authorized Services account. The Account Holder acknowledges and agrees to be responsible for all charges incurred by the PSL Applicants through the use of the PSLs. The Authorized Account Holder Representative shall provide updated information to Teranet whenever there are changes to the group listed in Section 2 or changes to the identified Authorized Services.

**THE FOLLOWING ADDITIONAL CONDITIONS APPLY TO TERAVIEW:** Through its Teraview Account Application, the Account Holder may authorize Teranet to access its bank accounts for the payment of charges, fees and taxes and in the case of electronic registration, registration fees (including statutory and service fees) and applicable land transfer and other taxes, as set out in the Teraview Terms & Conditions. For each Applicant listed below select the Electronic Registration Bank Account (ERBA) access option where the Account Holder has specified an ERBA for the payment of registration fees (including statutory and service fees) and applicable land transfer and other taxes, as set out in Teraview Terms & Conditions. The Account Holder is solely responsible for ensuring that any laws, regulations or other requirements with respect to the handling of trust funds are complied with. The ERBA information must be provided on the ERBA Payment Plan Application (Form 102). I agree to the ERBA Access set out below.

AUTHORIZED ERBA SIGNING OFFICER NAME (PLEASE PRINT) \_\_\_\_\_ AUTHORIZED ERBA SIGNING OFFICER SIGNATURE (I HAVE THE AUTHORITY TO BIND THE ACCOUNT HOLDER) \_\_\_\_\_

USER NAME  FIRST NAME    MIDDLE NAME / INITIAL    LAST NAME	USER STATUS  (IF TRANSFER, ALSO CHECK ADD OR SUSPEND)			APPLICABLE AUTHORIZED SERVICES				ERBA ACCESS	
	TRANSFER	ADD	SUSPEND	CURRENT		REQUESTED		TERAVIEW ONLY	
				WRITIFILING™	TERAVIEW	WRITIFILING	TERAVIEW	GRANT	SUSPEND
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### 3. AUTHORIZED ACCOUNT HOLDER REPRESENTATIVE ACKNOWLEDGMENT (PLEASE PRINT)

FIRST NAME \_\_\_\_\_ MIDDLE NAME AND/OR INITIAL \_\_\_\_\_ LAST NAME \_\_\_\_\_

By signing below, the Authorized Account Holder Representative confirms that it (i) has verified the accuracy of the information it has provided (ii) agrees to the terms and conditions of the requested Authorized Services and (iii) has authority to bind the Account Holder. Sign and send this and any related forms including your Personal Security Licence Application(s) to Teranet for its review and acceptance. For transfer of PSL Holders to new users, the applicant must complete and attach a Personal Security Licence Application (Form 300). By signing below I agree to have Teranet debit my Teraview Deposit Account for any applicable processing fees.

X \_\_\_\_\_ DATE (MM/DD/YY) \_\_\_\_\_

AUTHORIZED ACCOUNT HOLDER REPRESENTATIVE SIGNATURE (I HAVE THE AUTHORITY TO BIND THE ACCOUNT HOLDER)

FAX THIS FORM AND ATTACHMENTS TO TERANET: 416-360-6069 OR MAIL TO TERANET INC., 1 ADELAIDE ST. EAST, SUITE 600, TORONTO, ONTARIO M5C 2V9  
ATTN: TERANET ORDERS ADMINISTRATOR



# FORM 300

## PORTAS® PERSONAL SECURITY LICENCE APPLICATION

FOR INDIVIDUAL USE ONLY Use of the Authorized Services must be in accordance with applicable statutes and regulations thereunder and applicable terms and conditions. Your application is subject to acceptance by Teranet Inc. and its affiliates ("Teranet"). NOTE: Information collected from this form and the resulting usage of the Authorized Services will be used by Teranet for the purposes of: (a) administration of and access to systems, products and services; and (b) providing the Account Holder and PSL Holders with information on the systems, products and services of Teranet. For questions on collection and use of this information, please contact Teranet at 1-800-208-5263 or 416-360-1190. If you do not wish to receive information on other systems, products or services of Teranet, please check this box .

### 1. APPLICANT INFORMATION (TO BE COMPLETED BY THE APPLICANT)

Applicant must use full legal name. Please print.

Miss  Mr.  Ms.  Mrs.

LAST NAME

New Application  Replacement

FIRST NAME

MIDDLE NAME

Complete all shared secret information

LAW SOCIETY OF UPPER CANADA NUMBER (FOR LAWYER APPLICANTS ONLY)

SECRET QUESTION ONE

JOB TITLE

DATE OF BIRTH (DD/MM/YYYY)

ANSWER TO SECRET QUESTION ONE

STREET (HOME ADDRESS)

SECRET QUESTION TWO

CITY

PROVINCE

POSTAL CODE

ANSWER TO SECRET QUESTION TWO

TELEPHONE (INCLUDING AREA CODE)

FACSIMILE (INCLUDING AREA CODE)

BUSINESS/ORGANIZATION NAME

EMAIL ADDRESS (REQUIRED TO PROCESS APPLICATION)

I hereby make Application for a Portas Personal Security Licence ("PSL") to become an authorized user of certain products and services ("Authorized Services") that accept the use of a PSL. I acknowledge that in order to access the Authorized Services, there are additional terms and conditions and forms. By signing below, I confirm that all of the above information is true and correct. I understand that Teranet is relying on the accuracy of this information in providing me a PSL. I acknowledge and agree that the security of the Authorized Services depends upon them being used only by individuals authorized to access them. I agree that no one except myself may have access to or make use of the PSL assigned to me. I understand that the first time I use the PSL I will be required to create a password or pass phrase: I will not divulge this password or pass phrase to any person at any time. I agree that my use of the PSL is also subject to further terms and conditions as set out in the standard Personal Security Licence Terms and Conditions that are accessible online and/or that I will receive by e-mail upon approval of this Application. My telephone call to Teranet to request an authorization code, and receipt thereof, will constitute acceptance of the Teranet Personal Security Licence Terms and Conditions. I authorize Teranet to investigate or confirm any matter or statement contained in this Application and acknowledge that the granting of the PSL is subject to acceptance of this Application by Teranet. PSL Holders must provide updated information to Teranet whenever changes occur with respect to information provided in the PSL Application.

The applicant must sign this application in the presence of the individual (designated representative) validating his or her identity. See Section 2 below.

X

APPLICANT SIGNATURE

DATE (MM/DD/YY)

### 2. VALIDATION OF APPLICANT'S IDENTITY (TO BE COMPLETED BY DESIGNATED REPRESENTATIVE)

The applicant shall appear in person before the designated representative and provide two current pieces of identification for validation: one must bear a current photograph of the applicant. The designated representative validating the applicant's identity shall enter the information from the provided identification as listed below. HEALTH CARDS ARE NOT AN ACCEPTABLE FORM OF IDENTIFICATION.

Photo I.D.:

The following types of Photo ID are acceptable to Teranet: Valid Canadian Driver's Licence, Valid Canadian Firearms Acquisition Card, Valid Canadian Passport, or a Valid Permanent Resident Card.

Secondary I.D.:

The following types of Secondary ID are acceptable to Teranet: Valid Credit Card (Visa, Master Card, Amex - expiry date required), Bank Card, Social Insurance Card, Canadian Birth Certificate, or a different piece of photo ID (as specified under Photo ID).

IDENTIFICATION TYPE

IDENTIFICATION TYPE

CARD NUMBER

CARD NUMBER

EXPIRY DATE (MM/YY)

**Acknowledgement:** I acknowledge that I have reviewed and validated the two pieces of identification listed above. The information on each piece of identification is the same as the information provided in Sections 1 and 2 of this Application. I was present and did see this Application signed by the Applicant. I hereby subscribe as a witness to this Personal Security Licence Application.

I am one of the following designated representatives (please select at least one):

Lawyer  Notary Public  Designated LRO Representative  Financial Institution Signing Officer  Teranet Representative

Designated Representative Contact Information

LAND REGISTRY OFFICE NUMBER

BANK BRANCH

EMPLOYEE NUMBER

NAME OF DESIGNATED REPRESENTATIVE

BUSINESS ORGANIZATION NAME

STREET

CITY

PROVINCE

POSTAL CODE

TELEPHONE (INCLUDING AREA CODE)

FACSIMILE (INCLUDING AREA CODE)

EMAIL ADDRESS

X

DESIGNATED REPRESENTATIVE SIGNATURE

DATE (MM/DD/YY)

FAX THIS FORM AND ATTACHMENTS TO TERANET: 416-360-6069 OR MAIL TO TERANET INC., 1 ADELAIDE ST. EAST, SUITE 600, TORONTO, ONTARIO M5C 2V9  
ATTN: TERANET ORDERS ADMINISTRATOR

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