

CLIENT QUESTIONNAIRE—CORPORATIONS AND OTHER ENTITIES

- CORPORATION
- TRUST
- OTHER _____

ACCOUNT INFORMATION

NAME	TAX ID NUMBER
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MAILING INFORMATION

STREET ADDRESS	POSTAL CODE	CITY
PROVINCE	POSTAL CODE	COUNTRY
WORK TELEPHONE	FAX NUMBER	E-MAIL ADDRESS

Can you please confirm authorization to send account statements and financial information to the above e-mail address? No Yes

PERSONS WITH TRADING AUTHORIZATION

NAME	POSITION	PHONE NUMBER	EMAIL ADDRESS
NAME	POSITION	PHONE NUMBER	EMAIL ADDRESS
NAME	POSITION	PHONE NUMBER	EMAIL ADDRESS

WE REQUIRE A COPY OF THE FOLLOWING INFORMATION:

- * A COPY OF TWO PHOTO IDENTIFICATIONS FOR THOSE HAVING SIGNING AUTHORITY ON THE ACCOUNT(S)
- * CORPORATIONS: A COPY OF THE CERTIFICATE OF INCORPORATION
- * TRUSTS: A COPY OF THE TRUST DEED

PLEASE INDICATE YOUR INVESTMENT EXPERIENCE:

	NONE	LITTLE	MODERATE	EXTENSIVE
MUTUAL FUNDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BONDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STOCKS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

RISK TOLERANCE:

1. Confirm your account risk tolerance. High
2. What is your overall investment objective? Safety Growth Growth + Income Income
3. Confirm your account investment objective. Growth
4. What is your estimated investment horizon? < 3yr 3-10 yr > 10 yr

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Email: info@primevestcapital.ca

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- 5. What percentage of your assets does your investment with Primevest represent? _____
- 6. What is your approximate net liquid assets? _____
- 7. What is your approximate net fixed assets? _____
- 8. Do you have beneficial ownership of, or control or direction over, directly or indirectly, 10% or more of the voting rights of any reporting issuer or other issuer whose securities are publicly traded?
 Yes No If yes, provide details: _____

Name of Entity: _____

Type of Entity: _____

Name of each individual who (i) in the case of a corporation, is a beneficial owner of, or exercises direct or indirect control or direction over, more than 25% of the voting rights attached to the outstanding voting securities of the corporation or (ii) in the case of a partnership or trust, exercises control over the affairs of the partnership or trust:

Nature of Business: _____

SIGNATURE: _____

NAME OF PERSON SIGNING: _____

POSITION OF PERSON SIGNING: _____

DATE: _____

ADDITIONAL SIGNATURES (if required):

SIGNATURE: _____

NAME AND POSITION OF PERSON SIGNING: _____

SIGNATURE: _____

NAME AND POSITION OF PERSON SIGNING: _____

FOR PRIMEVEST CAPITAL CORP. USE ONLY:

ACCEPTED BY: _____

DATE: _____

SIGNATURE: _____

FOR PRIMEVEST CAPITAL CORP. USE ONLY:

ACCEPTED BY: _____

DATE: _____

SIGNATURE: _____