

Trading Authority Form

To: Virtual Brokers (“Broker”)

I/We (“Applicant”) hereby appoint and fully authorize the individual named below as an authorized trader (“Agent”) over my/our account(s) (“Account”).

Account / / / / / /

Agent Details

First Name _____

Middle Name _____

Last Name _____

Gender M F
 Citizenship Canadian Other _____

Date of Birth DD MM YYYY

Social Insurance Number (Tax ID for international clients) _____

Residential Address

Street Number _____ Street Name _____ Apartment/Unit/Suite Number _____

City _____ Province _____ Postal Code _____ Country _____

Home Phone Number () _____ Business Phone Number () _____

Cell Phone Number () _____ E-mail Address _____

Employment Status Employed Self-Employed Retired Unemployed

Employer _____

Please note: If you indicated “Employed” or “Self-Employed”, “Occupation” and “Employment Address” must be specified.

Occupation _____

Employment Address As Specified Below Same as Residential Address Same as Mailing Address

Street Number _____ Street Name _____ Apartment/Unit/Suite Number _____

City _____ Province _____ Postal Code _____ Country _____

The Agent is hereby authorized to act as agent for and on behalf of the undersigned to give orders to buy (on margin or otherwise) or to sell (including short sales) any securities or to give any other instructions in connection with the operations of such account referred to above, the whole in accordance with the terms and conditions of any agreements entered into between the Applicant and the Broker in connection with such account. The Broker is authorized and may rely upon such orders and instructions until receipt by the Broker, at its head office in Toronto, ON (c/o Compliance Department) of a written revocation notice. Notwithstanding the foregoing, this authorization does not entitle the Agent to (i) receive or transfer from the account any securities or monies, (ii) execute any agreements for and on behalf of the Applicant, or (iii) open any other accounts with The Broker for and on behalf of the Applicant. The Applicant undertakes to make full and timely settlement and to pay to the Broker any commissions and other charges in respect of each transaction made pursuant to such orders and instructions of the Agent. The Applicant also undertakes to indemnify and hold the Broker harmless from and any losses and damages that may result of any operation made in accordance with such Agent’s orders and instructions. In no case the Broker shall be held liable to the Applicant or his/her legal representatives, heirs, successors and assigns, for

the execution of any transactions made in accordance with such orders and instructions and the Applicant hereby ratifies any and all such transactions. The Applicant acknowledges and agrees that he/she/it is solely responsible to monitor the actions of his/her/its Agent(s).

Applicant Name

Applicant Signature

Date (DD/MM/YYYY)

Joint Applicant Name *(If applicable)*

Joint Applicant Signature

Date (DD/MM/YYYY)

Agent Section

The Agent hereby accepts his/her appointment as specified above and authorizes the Broker to verify all the information provided here by conducting full identity, credit and financial checks.

Agent Name

Agent Signature

Date (DD/MM/YYYY)