

Whistleblower submission form

Form A: Complete this form IF you are an individual whistleblower or a group of whistleblowers;

IF YOU ARE A LAWYER REPRESENTING A WHISTLEBLOWER (OR A GROUP OF WHISTLEBLOWERS) WHO WISH TO BE ANONYMOUS, PLEASE COMPLETE FORM B INSTEAD.

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PART 1

Who is involved in the misconduct?

A. Who are the individuals involved in the misconduct?

INDIVIDUAL #1

NAME	First	Last	Job position/Title
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EMPLOYER

ADDRESS	Street	City	Province/State
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Country, Postal/zip code	Phone number	Email
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INDIVIDUAL #2

NAME	First	Last	Job position/Title
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EMPLOYER

ADDRESS	Street	City	Province/State
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Country, Postal/zip code	Phone number	Email
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For additional individuals, list their required information on Appendix 1 at the end of this form.

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B. Who are the entities (companies) involved in the misconduct?

ENTITY #1

NAME Name

ADDRESS Street City Province/State

Country, Postal/zip code Phone number Website

ENTITY #2

NAME Name

ADDRESS Street City Province/State

Country, Postal/zip code Phone number Website

For additional entities, list their required information on Appendix 2 at the end of this form.

C. At the time of the misconduct, were, or are, any of the individuals in A above an employee, officer or director (a member of the board of directors) at any of the entities in B above?

Yes No I don't know

If **YES**, identify which entities the individual was or is an employee, officer or director of, at the time of the misconduct:

Individual #1	Entity #1	Entity #2	Entity #
Individual #2	Entity #1	Entity #2	Entity #
Individual #	Entity #1	Entity #2	Entity #

If **NO**, please indicate where the individual in A above was employed at the time of the misconduct (if you know):

Individual #1	Entity name:
Individual #2	Entity name:
Individual #	Entity name:

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PART 2

What happened?

A. What type of securities-related misconduct do you believe has occurred, is presently occurring, or will occur?

- | | |
|--|---|
| Illegal distribution and/or unregistered trading | Corporate disclosures and/or financial statements |
| Prohibited representations and undertakings | Fraud and related offenses |
| Registrant misconduct | Obstruction of justice |
| Illegal insider trading and/or tipping | Breaches of previous orders/settlements |
| Market manipulation | Other; please describe below: |

Other:

B. When did, or when will, each type of misconduct identified in A above occur?

Check all that apply.

The misconduct occurred in the past.

Specify type of misconduct (from part 2A): _____

During what date ranges did it occur? From: / (year/month) I don't know

To: / (year/month)

The misconduct is currently ongoing.

Specify type of misconduct (from part 2A): _____

On what date did it start? From: / (year/month) I don't know

The misconduct is about to occur sometime in the future.

Specify type of misconduct (from part 2A): _____

I don't know.

Specify type of misconduct (from part 2A): _____

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- C. Describe the **FACTS** that lead you to believe that the above misconduct has occurred, is presently occurring, or is about to occur.

Be as specific as possible.

Provide any additional information on the back of this form or on a separate sheet of paper and attach it to this form.

- D. How did you learn about the above misconduct?

Provide any additional information on the back of this form or on a separate sheet of paper and attach it to this form.

- E. When did you learn about the above misconduct?

Year _____ Month _____

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- F. What do you believe is the magnitude of the misconduct? (For example, how much money is involved? How many people are being harmed?)

Provide any additional information on the back of this form or on a separate sheet of paper and attach it to this form.

PART 3

Supporting documents

- A. Do you currently have documents or materials to support your submission?

Yes

No

If **YES**, and you are providing electronic files, files stored on a physical storage medium (such as a USB thumb drive) and/or physical documents, please describe each document and provide details below.

Please do not reference or attach any documents that may reflect legal advice, that are communications with a lawyer for the purpose of obtaining legal advice or related working papers or that may otherwise be subject to solicitor-client privilege.

1.	Document description:
	How was it obtained?
	Is it likely to reveal your identity? If yes, please explain:

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2.	Document description:
	How was it obtained?
	Is it likely to reveal your identity? If yes, please explain:
3.	Document description:
	How was it obtained?
	Is it likely to reveal your identity? If yes, please explain:
4.	Document description:
	How was it obtained?
	Is it likely to reveal your identity? If yes, please explain
5.	Document description:
	How was it obtained?
	Is it likely to reveal your identity? If yes, please explain:

If necessary, provide any additional information on a separate sheet of paper and attach it to this form.

B. Are there additional documents or materials available to support your submission that are not in your possession or control?

Yes No I don't know

If **YES**, please describe the additional documents and the location of each document. Please also indicate if any of the additional documents are likely to reveal your identity.

Please do not reference any documents that may reflect legal advice, that are communications with a lawyer for the purpose of obtaining legal advice or related working papers or that may otherwise be subject to solicitor-client privilege. We do not expect you to obtain documents or other things that are not in your possession or control.

Provide any additional information on the back of this form or on a separate sheet of paper and attach it to this form.

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PART 4

About you

A. Have you or your lawyer had any prior communication with the ASC regarding this matter?

Yes No I don't know

If **Yes**, please specify:

i. Person at the ASC (if known) that you dealt with:

ii. Date of your initial communication (YY/MM/DD):

B. Have you had any communication with another securities regulator, self-regulatory organization (such as the Investment Industry Regulatory Organization of Canada (IIROC), or the Mutual Fund Dealers Association (MFDA)), government official, or a law enforcement agency regarding this matter?

Yes No I don't know

If **YES**, please specify:

i. Organization(s):

ii. Person at the organization (if known) that you dealt with:

iii. Date of your initial communication (YY/MM/DD):

iv. Action taken by that party (if any, if known):

C. Are you or is someone you know involved in legal proceedings regarding this matter?

Yes No I don't know

If **YES**, please answer the following questions:

i. What is your or that person's involvement in the legal proceedings? For example, are you or that person a plaintiff, defendant or witness?

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ii. Describe the type and timing of the legal proceedings.

D. Do you, or did you have an internal or external role (a relationship) with any of the entities involved in the misconduct at the time of the misconduct?

Yes No

If **YES**, please complete the following:

Which entity do/did you have a role in? <i>Select only one.</i>	What internal roles, if any, do/did you have with the entity at the time of the misconduct? <i>Select all that apply.</i>	What external roles, if any, do/did you have with the entity at the time of the misconduct? <i>Select all that apply.</i>	When did you have the roles noted in Column A and/or B?
	Column A	Column B	
Entity #1	Employee	Analyst	(YY/MM) From: /
Entity #2	Officer	External auditor (or functional equivalent)	To: /
Entity #	Director (board of directors) Chief compliance officer (or functional equivalent) Internal auditor (or functional equivalent) In-house counsel Other:	External legal counsel Consultant Contractor Other:	

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E. If you have/had an internal role at any of the entities, did you take any steps to escalate concerns internally at the entity?

Yes No

If **YES**, please complete the following:

To whom did you report the misconduct?	To your knowledge, did the person(s) or departments at the entity to whom you reported the misconduct take any steps to address your concern(s)?
<p>Name _____</p> <p>Job position/title: _____</p> <p>Entity name: _____</p> <p>Date you initially reported the misconduct (YY/MM/DD): _____</p>	<p style="text-align: center;">Yes No I don't know</p> <p>If YES, describe the steps taken by the person(s) or department(s):</p>

F. Did you obtain this information while participating in an inquiry or investigation?

Yes No I don't know

If **YES**, please explain:

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G. Did you have any involvement in the misconduct?

Yes No I don't know

If **YES**, please describe your involvement:

H. Is there anything else you would like to tell us?

I. Whistleblower contact information

WHISTLEBLOWER			
NAME	First	Middle	Last
ADDRESS	Street	City, Province/State	Country, Postal/zip code
	Daytime phone	Email	Occupation

Please indicate your preferred method of communication should we need to contact you: _____

The best time to contact you: Morning Afternoon

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PART 5

Whistleblower certification


1. I understand and agree that the ASC is not responsible for any expenses or losses I might incur in connection with providing information and documents to the ASC.
2. I confirm that, to the best of my knowledge and belief, I am not in breach of my legal or professional obligations (eg. solicitor-client privilege) by providing information and documents to the ASC.
3. I will maintain the confidentiality of any and all information provided by the ASC to me in connection with my submission.
4. To the best of my knowledge and belief, all of the information submitted through this form is true and accurate.


Warning: it is an offence under the Alberta Securities Act to provide false or misleading information to the Alberta Securities Commission.

I, _____, certify that I have read and agree to the above.
(print name)

(signature) (date)

Please send the Whistleblower Submission Form and supporting documents or materials either by email or mail to the contact information below.

 owb@asc.ca

 OWB – Confidential
Alberta Securities Commission
Suite 600, 250–5th Street SW
Calgary, Alberta, T2P 0R4

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PART 6

Appendices

Appendix 1

Who are the individuals involved in the misconduct?

Please provide details of additional individuals involved in the misconduct below. Continued from part 1A.

INDIVIDUAL #3

NAME First Last Job position/Title

EMPLOYER

ADDRESS Street City Province/State

Country, Postal/zip code Phone number Email

INDIVIDUAL #4

NAME First Last Job position/Title

EMPLOYER

ADDRESS Street City Province/State

Country, Postal/zip code Phone number Email

INDIVIDUAL #5

NAME First Last Job position/Title

EMPLOYER

ADDRESS Street City Province/State

Country, Postal/zip code Phone number Email

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INDIVIDUAL #6

NAME First Last Job position/Title

EMPLOYER

ADDRESS Street City Province/State

Country, Postal/zip code Phone number Email

INDIVIDUAL #7

NAME First Last Job position/Title

EMPLOYER

ADDRESS Street City Province/State

Country, Postal/zip code Phone number Email

INDIVIDUAL #8

NAME First Last Job position/Title

EMPLOYER

ADDRESS Street City Province/State

Country, Postal/zip code Phone number Email

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Appendix 2

Who are the entities (companies) involved in the misconduct?

Please provide details of additional entities involved in the misconduct below. Continued from part 1B.

ENTITY #3

NAME Name

ADDRESS Street City Province/State

Country, Postal/zip code Phone number Website

ENTITY #4

NAME Name

ADDRESS Street City Province/State

Country, Postal/zip code Phone number Website

ENTITY #5

NAME Name

ADDRESS Street City Province/State

Country, Postal/zip code Phone number Website

ENTITY #6

NAME Name

ADDRESS Street City Province/State

Country, Postal/zip code Phone number Website

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ENTITY #7

NAME Name

ADDRESS Street City Province/State

Country, Postal/zip code Phone number Website

ENTITY #8

NAME Name

ADDRESS Street City Province/State

Country, Postal/zip code Phone number Website

ENTITY #9

NAME Name

ADDRESS Street City Province/State

Country, Postal/zip code Phone number Website

ENTITY #10

NAME Name

ADDRESS Street City Province/State

Country, Postal/zip code Phone number Website

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