Whistleblower counsel submission form

Form B: For a lawyer representing a whistleblower

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

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Your client, the whistleblower, must have provided you with a completed and signed Whistleblower Submission Form (Form A) including a Whistleblower Certification, the original of which you must retain in your records.

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
EMPLOYER			
ADDRESS	Street	City	Province/State
	Country, Postal/zip code	Phone number	Email
INDIVIDUAL #	2		
NAME	First	Last	Job position/Title
EMPLOYER			
ADDRESS	Street	City	Province/State
	Country, Postal/zip code	Phone number	Email

For additional individuals, list their required information on Appendix 1 at the end of this form.



C.

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B.

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
		io, or aro, arry or a	ne individuals in A above an
employee, of	ficer or director (a me	· · · · · ·	I of directors) at any of the entit
employee, of	ficer or director (a me	· · · · · ·	
employee, off n B above? Yes	No	ember of the board	
employee, off n B above? Yes f YES, identify w	No	ember of the board	I of directors) at any of the entit
employee, off n B above? Yes FYES, identify whisconduct: Individual #1	No which entities the individu	I don't know	d of directors) at any of the entite
employee, off n B above? Yes f YES, identify wanisconduct: Individual #1 Individual #2	No which entities the individu Entity #1	I don't know al was or is an employe	d of directors) at any of the entite
remployee, off n B above? Yes f YES, identify was misconduct: Individual #1 Individual #2 Individual #	No which entities the individute Entity #1 Entity #1 Entity #1	I don't know al was or is an employe Entity #2 Entity #2 Entity #2 Entity #2	ee, officer or director of, at the time of Entity # Entity # Entity #
remployee, off n B above? Yes f YES, identify wasconduct: Individual #1 Individual #2 Individual #	No which entities the individute Entity #1 Entity #1 Entity #1	I don't know al was or is an employe Entity #2 Entity #2 Entity #2 Entity #2	ee, officer or director of, at the time of Entity # Entity #
remployee, off n B above? Yes f YES, identify was misconduct: Individual #1 Individual #2 Individual # f NO, please incomow):	No which entities the individual Entity #1 Entity #1 Entity #1 dicate where the individual	I don't know al was or is an employe Entity #2 Entity #2 Entity #2 Entity #2	ee, officer or director of, at the time of Entity # Entity # Entity #



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	HAPPENED!

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PART 2

What happened?

A. What type of securities-related misconduct is believed to have occurred, is presently occurring, or will occur?

Illegal distribution and/or unregistered trading

Prohibited representations and undertakings

Registrant misconduct

Illegal insider trading and/or tipping

Market manipulation

Corporate disclosures and/or financial statements

Fraud and related offenses

Obstruction of justice

Breaches of previous orders/settlements

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	cocurred	in	the	past.
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Specify type of misconduct (from part 2A):

To: / (year/month)

(year/month)

I don't know

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.

During what date ranges did it occur? From:

Specify type of misconduct (from part 2A):

Unknown.

Specify type of misconduct (from part 2A):



Year

Alberta Securities Commission	, -	Whistleblo	wer			
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	C.	Describe the FAC has occurred, is p Be as specific as possible.	resently occurring	nistleblower to beli		e misconduct
	D.	How did the whist	tleblower learn ab		sconduct?	
		Provide any additional info	rmation on the back of this	s form or on a separate she	et of paper and attach it to	this form.

E. When did the whistleblower learn about the above misconduct?

Month



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F. What do you and/or the whistleblower 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.

Document description:

How was it obtained?

Is it likely to reveal the whistleblower's identity? If yes, please explain:



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



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PART 4		About the w	histleblower	•				
,		Have you or the whistleblower had any prior communication with the ASC regarding this matter?						
		Yes	No	l don't know				
		If Yes , please specify	:					
		i. Person at the AS	SC (if known) that you	ı dealt with:				
		ii. Date of your initi	ial communication (Y	Y/MM/DD):				
ſ		regulator, self-reg Organization of C	gulatory organiza anada (IIROC), o	I any communicati tion (such as the Ir r the Mutual Fund I rcement agency re	ivestment Industi Dealers Associati	ry Regulatory on (MFDA)),		
		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 k	known):				
(C.	Are you or the wh	nistleblower invol	ved in legal procee	dings regarding t	his matter?		
		Yes	No	I don't know				
		If YES , please answe	r the following quest	ions:				

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?



Alberta Securities Commission	Whistleblower
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- ii. Describe the type and timing of the legal proceedings.
- D. Does/did the whistleblower 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 does/did the whistleblower have a role in? Select only one.	What internal roles, if any, does/did the whistleblower have with the entity at the time of the misconduct? Select all that apply.	What external roles, if any, does/did the whistleblower have with the entity at the time of the misconduct? Select all that apply.	When did the whistleblower have the roles noted in Column A and/or B?
	Column A	Column B	
Entity #1 Entity #2 Entity #	Employee Officer Director (board of directors) Chief compliance officer (or functional equivalent) Internal auditor (or functional equivalent) In-house counsel Other:	Analyst External auditor (or functional equivalent) External legal counsel Consultant Contractor Other:	(YY/MM) From: / To: /



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E.	If the whistleblow steps to escalate	ver has/had an in concerns interna		=	of the entiti	es, dic	I they take any
	Yes	No	I don'	t know			
	If YES, please comple	ete the following:					
	To whom did the wh misconduct?	istleblower report the	Э	departme whistleblo	nowledge, did ents at the en ower reported address the co	tity to w	hom the sconduct take any
	Name			Yes	No	Ιc	lon't know
	Job position/title:				escribe the st tment(s):	eps tak	en by the person(s)
	Entity name:						
	Date they initially re (YY/MM/DD):	eported the miscond	uct				
F.	Did the whistleble investigation?	ower obtain this i	nformatio	n while p	participatin	g in an	inquiry or
	Yes	No	I don'	t know			
	If YES , please explair	า:					



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Yes No I don't know

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

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

I. Lawyer's contact information

LAWYER					
NAME	First	Middle		Last	
NAME OF LAW FIRM					
ADDRESS	Street	City		Province/State	
	Country, Postal/zip code	Daytime phone		Email	
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

Counsel certification

- 1. I confirm that I have read and understand the Alberta Securities Commission Policy 15-602 *Whistleblower Program*, and have explained it to my client, the whistleblower.
- 2. I confirm that I have verified the whistleblower's identity by viewing the whistleblower's valid government-issued identification.
- 3. I confirm that the whistleblower has provided me with a complete and signed Whistleblower Submission Form including a whistleblower certification, the originals of which I retain in my records.
- 4. 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.
- 5. I have confirmed with the whistleblower that, to the best of their knowledge and belief, the information submitted is true and complete. To the best of my knowledge and belief, all information submitted through this form is true and accurate.

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

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

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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.

ENIIII #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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