

APPENDIX 2

IDENTIFICATION OF THE OWNERS, DIRECTORS, SHAREHOLDERS, PARTNERS OF THE LEGAL ENTITY IDENTIFIED IN SECTION B OR APPENDIX 2

(Section 1(4.1) of the *Regulation under the Private Security Act*, CQLR, c. S-3.5, r.1)

Photocopy and add copies of this page as needed.

NOTICE - Fill out this appendix for EVERY OWNER, DIRECTOR and SHAREHOLDER OR PARTNER having a major interest (i.e. holding 10% or more of the voting shares or shares) in a legal entity identified in Section B, and for every legal entity also identified in this Appendix 2.			
IDENTIFICATION OF THE LEGAL ENTITY IDENTIFIED IN SECTION B OR APPENDIX 2			
Name of the legal entity			
IDENTIFICATION : <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Legal entity (Appendix 2 is mandatory)			
STATUS : <input type="checkbox"/> Director (Member of the B. of D.) <input type="checkbox"/> Shareholder _____% voting shares <input type="checkbox"/> Partner _____% shares			
Surname		First name	
Name of legal entity (if legal entity)		Québec Enterprise Number (NEQ) (if legal entity)	
Home address (Head office, if legal entity) No., street		Suite/Apt.	Postal code
City		Province	Country
Phone number (day)	Ext.	SAAQ Driver licence <input type="checkbox"/> I do not have one.	Date of birth Y Y Y Y M M D D
IDENTIFICATION : <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Legal entity (Appendix 2 is mandatory)			
STATUS : <input type="checkbox"/> Director (Member of the B. of D.) <input type="checkbox"/> Shareholder _____% voting shares <input type="checkbox"/> Partner _____% shares			
Surname		First name	
Name of legal entity (if legal entity)		Québec Enterprise Number (NEQ) (if legal entity)	
Home address (Head office, if legal entity) No., street		Suite/Apt.	Postal code
City		Province	Country
Phone number (day)	Ext.	SAAQ Driver licence <input type="checkbox"/> I do not have one.	Date of birth Y Y Y Y M M D D
IDENTIFICATION : <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Legal entity (Appendix 2 is mandatory)			
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Surname		First name	
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Phone number (day)	Ext.	SAAQ Driver licence <input type="checkbox"/> I do not have one.	Date of birth Y Y Y Y M M D D