



INSTRUCTIONS ON COMPLETING THE SEDAR+  
ELECTRONIC FILER AGREEMENT (EFA)

November 2022

To be considered valid for pre-launch Onboarding, all submitted legal agreements must be:

1. a PDF document that is not a scan or images of a printed page;
2. signed by the authorized signatory or signatories (such as by having the signatory or signatories insert their signature image(s) or using the [Fill & Sign tool to easily fill, sign, and send your forms or documents electronically.](#)
3. less than 8 MB in size; and,
4. use the relevant file naming convention, outlined below.

### File naming convention

S = subscriber number of self-filer or filing agent

ISS = issuer number

NRD = NRD number

Replace the highlighted text with the relevant number.

| Scenario  | Electronic Filer Agreement | Filing Agent Authorization Agreement |
|---|----------------------------|--------------------------------------|
| Self-filing issuer or filing agent subscriber                 | EFA_S_99999.pdf            | n/a                                  |
| Corporate issuer agreements submitted by a filing agent       | EFA_S_99999_ISS_55555.PDF  | FAAF_S_99999_ISS_55555.PDF           |
| Investment fund issuer agreements submitted by a filing agent | EFA_S_99999_NRD_22222.PDF  | FAAF_S_99999_NRD_22222.PDF           |

1. The **Electronic Filer Agreement** (EFA) grants an Electronic Filer (either a Filer or a Filing Agent) access to, and use of, SEDAR+ for the purpose of enabling and facilitating compliance with applicable securities legislation in Canada. Each Electronic Filer must complete and execute an EFA regardless of whether it intends to access and use SEDAR+ itself and/or through a Filing Agent. The EFA consists of three parts. Part A is a form to be populated with information pertaining to the Electronic Filer. Part B contains terms and conditions governing access to, and use of, SEDAR+. Part C is for acceptance and signing of the EFA.
2. Each Filer and each Filing Agent must complete and submit an EFA as part of its initial onboarding to SEDAR+:
  - (i) *Filing Agents*: A Filing Agent must complete and submit an EFA when first onboarding itself to SEDAR+.
  - (ii) *Filers That Will Directly Access SEDAR+*: A Filer that intends to access and use SEDAR+ directly on its own behalf (or directly on its own behalf, as well as through Filing Agent(s)) must complete and submit an EFA when first onboarding itself to SEDAR+.
  - (iii) *Filers Acting Only Through Filing Agent(s)*: A Filer that does not wish to access and use SEDAR+ directly itself, but rather engage a Filing Agent to use and make filings through SEDAR+ on its behalf, is still required to complete and submit an EFA. In these circumstances, a Filing Agent may be authorized (by completing and concurrently submitting a Filing Agent Authorization Form) to complete and submit an EFA on behalf of the Filer.
3. Only one EFA must be completed and executed for each Filer or Filing Agent. The Filer/ Filing Agent must make any subsequent updates to the information contained in Part A of the EFA (such as address, contact details, etc.) directly in SEDAR+.
4. The EFA may be completed in English or in French. In Québec, the Electronic Filer must comply with linguistic rights and obligations prescribed by Québec law.
5. Please read each Part of the EFA carefully.
6. There are no fees associated with the submission of an EFA.

## PART A: ELECTRONIC FILER INFORMATION – GENERAL

Where the EFA is being completed by a Filing Agent on behalf of a Filer, then the information provided in Part A about the Electronic Filer should pertain to the Filer. Where the EFA is being completed by a Filing Agent on its own behalf (i.e., when first onboarding itself to SEDAR+), then the information provided about the Electronic Filer should pertain to the Filing Agent.

Indicate the Electronic Filer type which applies:

**Filing Agent**

Where the EFA is being completed by a Filing Agent on its own behalf (i.e., when first onboarding itself to SEDAR+), select Filing Agent.

Where the EFA is being completed by a Filing Agent on behalf of a Filer, select either Third Party Filer or Company as applicable.

**Investment Fund Manager**

For an Investment Fund Manager, select either Third Party Filer or Company as applicable. An Investment Fund Manager who meets the definition of “Issuer” should select Company, otherwise select Third Party Filer.

1. Indicate the type of Electronic Filer for whom this form is being submitted:

|                          |                   |
|--------------------------|-------------------|
| <input type="checkbox"/> | Company           |
| <input type="checkbox"/> | Third party filer |
| <input type="checkbox"/> | Filing Agent      |

**‘Company’** – A Company is an issuer other than an investment fund. This includes issuers regardless of their legal structure, including incorporated or unincorporated entities, trusts or partnerships.

**‘Third Party Filer’** – A Third Party Filer is an individual or organization required or permitted to file a document because of an activity relating to or affecting an issuer or the issuer’s security holders. A Third Party Filer is not required to have a company or investment fund profile in SEDAR+.

**‘Filing Agent’** – A Filing Agent is a third party authorized to act on behalf of a Filer, including the transmission of electronic filings and the payment of associated fees on behalf of the Filer, through SEDAR+.

**Indicate if the Electronic Filer is an ‘Individual’ or an ‘Organization’. For clarity:**

- An ‘Organization’ is any entity that is not an individual.
- If ‘Company’ was selected under Section 1 you should select ‘Organization’.
- If ‘Third Party Filer’ or ‘Filing Agent’ was selected under Section 1 you should select either ‘Individual’ or ‘Organization’, as applicable. An Investment Fund Manager that selected ‘Company’ or ‘Third Party Filer’ under Section 1 should select ‘Organization’.

2. Indicate if the Electronic Filer is an:

|  |              |
|--|--------------|
|  | Individual   |
|  | Organization |

If ‘Individual’ was selected under Section 2, skip Section 3 and proceed to Section 4. If ‘Organization’ was selected under Section 2, complete Section 3 to indicate whether the Electronic Filer is an Investment Fund Manager.

If you are an Investment Fund Manager filing your own EFA, select “Yes”.

If you are an Agent filing an EFA on behalf of an IFM, select “Yes”.

3. Is your organization an Investment Fund Manager? Yes  No

If 'Individual' was selected under Section 2, populate the first table in Section 4 with information about the individual who is the Electronic Filer and skip the second table in Section 4. The individual will be referred to in the remainder of EFA as the **Authorized Representative**.

4. If 'Individual' is selected in Section 2 above:

|  |                   |                        |
|--|-------------------|------------------------|
| Family name:   | First given name: | Secondary given names: |
| SEDAR legacy subscriber number (if applicable):                  |                   |                        |
| <b>Business Address</b>  |                   |                        |
| Street address:  |                   |                        |
| City/Town:   |                   |                        |
| Postal code/ZIP code:  |                   |                        |
| Telephone number:  |                   |                        |
| Fax number (if applicable):                                      |                   |                        |
| Name of company/Legal name of employer (if applicable):          |                   |                        |
| Title (if applicable):   |                   |                        |
| Department (if applicable):                                      |                   |                        |
| Email address:   |                   |                        |
| Does the individual have an NRD number? <input type="checkbox"/> |                   |                        |
| NRD number:  |                   |                        |

If you are...

- **an Agent filing your own EFA:** Populate with your SEDAR Subscriber Number
- **a Third Party Filer filing your own EFA:** Populate with your SEDAR Subscriber Number
- **an Investment Fund Manager filing your own EFA:** Populate with your SEDAR Subscriber Number
- **an Agent filing an EFA on behalf of a Third Party Filer:** Populate the Third Party Filer's SEDAR Subscriber Number if it exists
- **an Agent filing an EFA on behalf of an Investment Fund Manager:** Populate the Issuer's SEDAR Subscriber Number if it exists

Individuals must indicate whether they have a National Registration Database (NRD) number. Any Individual who trades or underwrites securities, or provides investment advice, should have an NRD number.

If you are...

- **an Investment Fund Manager filing your own EFA:** Populate with your Investment Fund Manager NRD Number
- **an Agent filing an EFA on behalf of an Investment Fund Manager:** Populate with the Investment Fund Manager's NRD Number

If 'Organization' was selected under Section 2, skip the first table in Section 4 and populate the second table with information about the Organization (in the first portion of the table) and about the Organization's Authorized Representative (in the second portion of the table). The **Authorized Representative** must be an individual with the Filer's Organization (and, for certainty, not a representative of the Filing Agent) who is duly authorized to execute:

- (i) this EFA for the Electronic Filer (if it is being executed directly by the Electronic Filer), or
- (ii) the Filing Agent Authorization Form, if the EFA will be executed by an authorized Filing Agent on behalf of the Electronic Filer (see Section 8 of Part A of the EFA).

|   |   |          |
|---|---|----------|
| Does the organization have an NRD number? <input type="checkbox"/>  |   |          |
| NRD number:   | <p>Organizations must indicate whether they have a National Registration Database (NRD) number. Any Organization who trades or underwrites securities, or provides investment advice, should have an NRD number.</p> <p>If you are...</p> <ul style="list-style-type: none"> <li>■ <b>an Investment Fund Manager filing your own EFA:</b> Populate with your Investment Fund Manager NRD Number</li> <li>■ <b>an Agent filing an EFA</b> on behalf of an Investment Fund Manager: Populate with the Investment Fund Manager's NRD Number</li> </ul> |          |
| Authorized Representative   |   |          |
| Provide the details of the Authorized Representative (i) the Filing Agent or (ii) the Filing Agent Authorized Representative. The Authorized Representative may include a credit check, as requested by the ASC, and a copy of the Filing Agent's authorization for Electronic Filer, or a copy of the Filing Agent's authorization on behalf of their identity which is provided subsequently. |   |          |
| Family name:  |   |          |
| Business Address (Select box if same as the Organization <input type="checkbox"/> ):  |   |          |
| Street address:   |   |          |
| City/Town:  |   |          |
| Postal code/ZIP code:   |   | Country: |
| Telephone number:   |   |          |
| Fax number (if applicable):   |   |          |
| Name of company/Legal name of employer (Select box if same as the Organization <input type="checkbox"/> ):  |   |          |
| Title:  |   |          |
| Department (if applicable):   |   |          |
| Email address:  |   |          |

If 'Individual' was selected under Section 2, skip Section 5 and proceed to Section 6. If 'Organization' was selected under Section 2, complete Section 5 to identify and assign a **contact person** who will be the Organization's initial primary point of contact for administrative or operational issues regarding SEDAR+, including the onboarding process.

5. Contact person for the Electronic Filer (if 'Organization' is selected in Section 2 above):

The contact person is the Organization's initial primary point of contact for administrative or operational issues regarding SEDAR+, including the onboarding process.

|  |                   |                        |
|--|-------------------|------------------------|
| Family name:   | First given name: | Secondary given names: |
| Business Address (Select box if same as the Organization's Head Office Address <input type="checkbox"/> ):                 |                   |                        |
| Street address:  |                   |                        |
| City/Town:   |                   | Province/State:        |
| Postal code/ZIP code:  |                   | Country:               |
| Telephone number:  |                   |                        |
| Fax number (if applicable):  |                   |                        |
| Name of company/Legal name of employer (if applicable) (Select box if same as the Organization <input type="checkbox"/> ): |                   |                        |
| Title:   |                   |                        |
| Department (if applicable):  |                   |                        |
| Email address:   |                   |                        |



Indicate if the Electronic Filer intends to transmit any filings, submissions, applications or other content through SEDAR+ itself without the use of a Filing Agent. If the answer is No, select 'No' and skip the remainder of Section 6. If the answer is Yes, select 'Yes' and fill out the remainder of Section 6 to designate the Electronic Filer's **Authorized Super User**.

The Authorized Super User is the individual responsible for managing and setting up user account access to SEDAR+ for the Electronic Filer. If the Electronic Filer is a Filing Agent completing the EFA on its own behalf (i.e., when first onboarding itself to SEDAR+), then you should select 'Yes' under Section 6.

6. Authorized Super User:

Does the Electronic Filer intend to transmit any filings, submissions, applications or other Content through SEDAR+ itself without the use of a Filing Agent? Yes  No

If you select yes, complete this Section to designate an Authorized Super User who will be responsible for managing user access to SEDAR+. The Authorized Super User may be subject to validation by the ASC (including validation of their identity which may include a credit check), including by the ASC's use of the information provided below, any additional information subsequently requested by the ASC, and any other information available to the ASC.

|  |                   |                        |
|--|-------------------|------------------------|
| Family name:   | First given name: | Secondary given names: |
| Business Address (Select box if same as the Organization's Head Office Address <input type="checkbox"/> ):                 |                   |                        |
| Street address:  |                   |                        |
| City/Town:   | Province/State:   |                        |
| Postal code/ZIP code:  | Country:          |                        |
| Telephone number:  |                   |                        |
| Fax number (if applicable):  |                   |                        |
| Name of company/Legal name of employer (if applicable) (Select box if same as the Organization <input type="checkbox"/> ): |                   |                        |
| Title:   |                   |                        |
| Department (if applicable):  |                   |                        |
| Email address:   |                   |                        |

If the EFA is being completed by the Filing Agent on its own behalf, skip Section 7.

If the EFA is being completed and executed by a Filing Agent on behalf of a Filer, an Agent Authorizing Representative must be designated in this section and must be the same individual as the Filer's Authorized Representative.

In all other circumstances this section is optional and may be used to designate an **Agent Authorizing Representative** who has authority to approve Filing Agents to act on behalf of the Filer and to modify or revoke the ability of Filing Agents to act on behalf of the Filer.

7. Agent Authorizing Representative

An Agent Authorizing Representative is an individual who has the authority to approve Filing Agents to act on behalf of the Filer and to modify or revoke the ability of Filing Agents to act on behalf of the Filer.

If this Electronic Filer Agreement is being executed by a Filing Agent on its own behalf (i.e. if 'Filing Agent' is selected in Section 1 above), skip this Section.

Designate the following individual as an Agent Authorizing Representative:

|  |                   |                        |
|--|-------------------|------------------------|
| Family name:   | First given name: | Secondary given names: |
| Business Address (Select box if same as the Organization's Head Office Address <input type="checkbox"/> ):                 |                   |                        |
| Street address:  |                   |                        |
| City/Town:   | Province/State:   |                        |
| Postal code/ZIP code:  | Country:          |                        |
| Telephone number:  |                   |                        |
| Fax number (if applicable):  |                   |                        |
| Name of company/Legal name of employer (if applicable) (Select box if same as the Organization <input type="checkbox"/> ): |                   |                        |
| Title:   |                   |                        |
| Department (if applicable):  |                   |                        |
| Email address:   |                   |                        |

If the EFA is being completed by a Filing Agent on behalf of a Filer, then the Filing Agent must also upload a Filing Agent Authorization Form (which authorizes the Filing Agent to sign the EFA on behalf of the Filer) that has been completed and duly executed by the Authorized Representative of the Filer.

### 8. Authorization of Filing Agent

If you are a Filing Agent that is filling out and submitting this Electronic Filer Agreement on behalf of a Filer, you must also upload a Filing Agent Authorization Form that has been completed and duly executed by the Authorized Representative of the Filer.

## PART B: TERMS AND CONDITIONS

Part B contains terms and conditions governing access to, and use of, SEDAR+. Please read these terms and conditions carefully.

Please read Part C carefully.

Part C must be signed by the authorized signatory of the Electronic Filer (and a secondary signatory if required) as further described in Part C.

The authorized signatory is to be the Authorized Representative identified in Section 4 of Part A, unless the EFA is being completed by an authorized Filing Agent on behalf of a Filer, in which case the authorized signatory is to be a duly authorized signatory for the Filing Agent (and a Filer Agent Authorization Form executed by the Filer and authorizing the Filing Agent to sign the EFA on behalf of the Filer must have been provided as set out in Section 8 of Party A).

By signing below:

Electronic Filer agrees to be legally bound by this Electronic Filer Agreement.

I agree that I have obtained, and I hereby provide to the ASC, the consent of the Authorized Representative and Authorized Super User to take such steps, whether itself or through its designee, as the ASC may determine to validate the Authorized Representative and Authorized Super User to the ASC's satisfaction (including validation of their identity which may include a credit check). This includes consent to use the information provided about the Authorized Representative and Authorized Super User under Part A (Electronic Filer Information), any additional information subsequently requested by the ASC, and any other information available to the ASC. Without limiting the ASC's right to accept or decline this Electronic Filer Agreement in its discretion, the ASC expressly reserves the right to not accept this Electronic Filer

|                |  |
|----------------|--|
| Agree<br>satis | Authorized signatory (who is the Authorized Representative or, if being executed by an authorized Filing Agent on behalf of a Filer, who is the duly authorized signatory for the Filing Agent). |
| If I<br>ack    | Signature:   |
| If no<br>Elec  | Name:  |
|                | Title:   |
|                | Date:  |

Second signatory, if required by the Electronic Filer.

Signature:

Name:

Title:

Date: