# ADDRESS CHANGE REQUEST

Please clearly ***PRINT*** the required information to enable us to accurately update the registry.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Full Name of Shareholder | |  | | | | | |
| Company Name (if a corporate shareholder) | |  | | | | | |
| Name of Issuer: | |  | | | | | |
| Previous Address *(Include all former addresses if you have moved frequently)* | | Apt No – Street No – PO Box, Street Name | | | | | |
| Town/City | | Province/Territory/State | | | |
| Country(if outside Canada) | | Postal Code/Zip Code | | | |
| Apt No – Street No – PO Box, Street Name | | | | | |
| Town/City | | Province/Territory/State | | | |
| Country(if outside Canada) | | Postal Code/Zip Code | | | |
| Current or New Address | | Apt No – Street No – PO Box, Street Name | | | | | |
| Town/City | | | Province/Territory/State | | |
| Country (if outside Canada) | | | Postal Code/Zip Code | | |
| E-mail |  | | Phone | |  | | |
| Please mark (**X**) the box as it applies to you. | | | | | | | |
| x | **Registered shareholder.** *If you have a physical share certificate or DRS (direct registration statement) in your name or a company name to which the shares are held under a corporate registration.* | | | | | | |
| x | **Non-registered or beneficial shareholder.** *If the shares are managed and administered by a broker, bank or intermediary.* | | | | | | |
| **I hereby certify that the information given on this form is correct.** | | | | | | | |
| Shareholder Signature | | Please sign here. | | | | Date | Day/Month/Year |
| Authorized Representative | | Please sign here. Authorized representative is the individual acting on behalf of the owner of the shares, if under a corporate registration. | | | |

THE COMPLETED FORM MAY BE SUBMITTED VIA ANY OF THE FOLLOWING METHODS:

Email: info@marrellitrust.ca

Mail: Marrelli Trust Company Limited

Attention: Transfer Operations

620 -1111 Melville Street  
Vancouver, British Columbia  
V6E 3V6