# 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