

## Ontario Securities Commission

## Form 72-503F

Unofficial consolidation current to 2018-10-05

This document is not an official statement of law or policy and should be used for reference purposes only.

**FORM 72-503F**  
**REPORT OF DISTRIBUTIONS OUTSIDE CANADA**

**Instructions:**

1. An issuer that is required to complete this Form must do so through the online e-form available at <http://www.osc.gov.on.ca>.
2. Security codes: Wherever this form requires disclosure of the type of security, use the following security codes:

| Security code | Security type                                                                               |
|---------------|---------------------------------------------------------------------------------------------|
| BND           | Bonds                                                                                       |
| CER           | Certificates ( <i>including pass-through certificates, trust certificates</i> )             |
| CMS           | Common shares                                                                               |
| CVD           | Convertible debentures                                                                      |
| CVN           | Convertible notes                                                                           |
| CVP           | Convertible preferred shares                                                                |
| DCT           | Digital coins or tokens                                                                     |
| DEB           | Debentures                                                                                  |
| DRS           | Depository receipts ( <i>such as American or Global depository receipts/shares</i> )        |
| FTS           | Flow-through shares                                                                         |
| FTU           | Flow-through units                                                                          |
| LPU           | Limited partnership units and limited partnership interests (including capital commitments) |
| MTG           | Mortgages ( <i>other than syndicated mortgages</i> )                                        |
| NOT           | Notes ( <i>include all types of notes except convertible notes</i> )                        |
| OPT           | Options                                                                                     |
| PRS           | Preferred shares                                                                            |
| RTS           | Rights                                                                                      |

|     |                                                                                                       |
|-----|-------------------------------------------------------------------------------------------------------|
| SMG | Syndicated mortgages                                                                                  |
| SUB | Subscription receipts                                                                                 |
| UBS | Units of bundled securities <i>(such as a unit consisting of a common share and a warrant)</i>        |
| UNT | Units <i>(exclude units of bundled securities, include trust units and mutual fund units)</i>         |
| WNT | Warrants <i>(including special warrants)</i>                                                          |
| OTH | Other securities not included above <i>(if selected, provide details of security type in Item 7d)</i> |

Distributions by more than one issuer of a single security: If two or more issuers distributed a single security, provide the full legal name(s) of the co-issuer(s) in section 1c) other than the issuer named in section 1a).

**1. Full name, address and telephone number of the Issuer.**

a) Full name of issuer

b) Head office address

|                |                      |                      |                      |
|----------------|----------------------|----------------------|----------------------|
| Street address | <input type="text"/> | Province/State       | <input type="text"/> |
| Municipality   | <input type="text"/> | Postal code/Zip code | <input type="text"/> |
| Country        | <input type="text"/> | Telephone number     | <input type="text"/> |

c) Full legal name(s) of co-issuer(s) (if applicable)

**2. Type of security, the aggregate number or amount distributed and the aggregate purchase price.**

Types of securities distributed

*Provide the following information for all distributions of securities relying on an exemption in section 2.3 or 2.4 of the Rule on a per security basis. Refer to section 2 of the Instructions for how to indicate the security code. If providing the CUSIP number, indicate the full 9-digit CUSIP number assigned to the security being distributed.*

| Security code | CUSIP number (if applicable) | Description of security | Number of securities | Canadian \$            |               |              |
|---------------|------------------------------|-------------------------|----------------------|------------------------|---------------|--------------|
|               |                              |                         |                      | Single or lowest price | Highest price | Total amount |
|               |                              |                         |                      |                        |               |              |
|               |                              |                         |                      |                        |               |              |
|               |                              |                         |                      |                        |               |              |
|               |                              |                         |                      |                        |               |              |

| Details of rights and convertible/exchangeable securities                                                                                                                                                                                                                                            |                          |                              |         |                          |                  |                                      |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|------------------------------|---------|--------------------------|------------------|--------------------------------------|
| <p><i>If any rights (e.g. warrants, options) were distributed, provide the exercise price and expiry date for each right. If any convertible/exchangeable securities were distributed, provide the conversion ratio and describe any other terms for each convertible/exchangeable security.</i></p> |                          |                              |         |                          |                  |                                      |
| Convertible/exchangeable security code                                                                                                                                                                                                                                                               | Underlying Security code | Exercise price (Canadian \$) |         | Expiry date (YYYY-MM-DD) | Conversion ratio | Describe other terms (if applicable) |
|                                                                                                                                                                                                                                                                                                      |                          | Lowest                       | Highest |                          |                  |                                      |
|                                                                                                                                                                                                                                                                                                      |                          |                              |         |                          |                  |                                      |
|                                                                                                                                                                                                                                                                                                      |                          |                              |         |                          |                  |                                      |

**3. Date of distribution(s).**

| Distribution date                                                                                                                                                                                                                                                                                                                                                                 |    |    |  |      |    |    |                                                                                                                                       |  |  |  |      |    |    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|----|--|------|----|----|---------------------------------------------------------------------------------------------------------------------------------------|--|--|--|------|----|----|
| <p><i>State the distribution start and end dates. If the report is being filed for securities distributed on only one distribution date, provide the distribution date as both the start and end dates. If the report is being filed for securities distributed on a continuous basis, include the start and end dates for the distribution period covered by the report.</i></p> |    |    |  |      |    |    |                                                                                                                                       |  |  |  |      |    |    |
| <p>Start date</p> <table border="1"> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td>YYYY</td> <td>MM</td> <td>DD</td> </tr> </table>                                                                                                                                                                                                                                           |    |    |  | YYYY | MM | DD | <p>End date</p> <table border="1"> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td>YYYY</td> <td>MM</td> <td>DD</td> </tr> </table> |  |  |  | YYYY | MM | DD |
|                                                                                                                                                                                                                                                                                                                                                                                   |    |    |  |      |    |    |                                                                                                                                       |  |  |  |      |    |    |
| YYYY                                                                                                                                                                                                                                                                                                                                                                              | MM | DD |  |      |    |    |                                                                                                                                       |  |  |  |      |    |    |
|                                                                                                                                                                                                                                                                                                                                                                                   |    |    |  |      |    |    |                                                                                                                                       |  |  |  |      |    |    |
| YYYY                                                                                                                                                                                                                                                                                                                                                                              | MM | DD |  |      |    |    |                                                                                                                                       |  |  |  |      |    |    |

**4. State the name and address of any person acting as dealer or underwriter (including an underwriter that is acting as agent) in connection with the distribution(s) of the securities.**

| Dealer and underwriter information          |
|---------------------------------------------|
| <p>Full legal name <input type="text"/></p> |

|                  |  |                      |                 |
|------------------|--|----------------------|-----------------|
| Street address   |  |                      |                 |
| Municipality     |  | Province/State       |                 |
| Country          |  | Postal code/Zip code |                 |
| Telephone number |  | Website              | (if applicable) |

**5. Certification**

| Certification                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                       |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |             |                  |                       |             |                  |                       |       |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|------------------|-----------------------|-------------|------------------|-----------------------|-------|--|
| <p><i>Provide the following certification and business contact information of an officer, director or agent of the issuer. If the issuer is not a company, an individual who performs functions similar to that of a director or officer may certify the report. For example, if the issuer is a trust, the report may be certified by the issuer's trustee. If the issuer is an investment fund, a director or officer of the investment fund manager (or, if the investment fund manager is not a company, an individual who performs similar functions) may certify the report if the director or officer has been authorized to do so by the investment fund.</i></p> <p><i>The certification may be delegated, but only to an agent that has been authorized by an officer or director of the issuer to prepare and certify the report on behalf of the issuer. If the report is being certified by an agent on behalf of the issuer, provide the applicable information for the agent in the boxes below.</i></p> <p><i>The signature on the report must be in typed form rather than handwritten form. The report may include an electronic signature provided the name of the signatory is also in typed form.</i></p> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                       |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |             |                  |                       |             |                  |                       |       |  |
| <p>Securities legislation requires an issuer that makes a distribution of securities under certain prospectus exemptions to file a completed report of exempt distribution.</p> <p>By completing the information below, I certify, on behalf of the issuer/investment fund manager, to the securities regulatory authority or regulator, as applicable, that I have reviewed this report and to my knowledge, having exercised reasonable diligence, the information provided in this report is true and, to the extent required, complete.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                       |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |             |                  |                       |             |                  |                       |       |  |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; vertical-align: top;">Name of issuer/investment fund manager/agent</td> <td style="border: 1px solid black; height: 25px;"></td> </tr> <tr> <td style="vertical-align: top;">Full legal name</td> <td style="border: 1px solid black; padding: 2px;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; border: 1px solid black; height: 20px;"></td> <td style="width: 33%; border: 1px solid black; height: 20px;"></td> <td style="width: 33%; border: 1px solid black; height: 20px;"></td> </tr> <tr> <td style="text-align: center; font-size: small;">Family name</td> <td style="text-align: center; font-size: small;">First given name</td> <td style="text-align: center; font-size: small;">Secondary given names</td> </tr> </table> </td> </tr> <tr> <td style="vertical-align: top;">Title</td> <td style="border: 1px solid black; height: 25px;"></td> </tr> </table>                                                                                                                                                                                                                   | Name of issuer/investment fund manager/agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                       | Full legal name | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; border: 1px solid black; height: 20px;"></td> <td style="width: 33%; border: 1px solid black; height: 20px;"></td> <td style="width: 33%; border: 1px solid black; height: 20px;"></td> </tr> <tr> <td style="text-align: center; font-size: small;">Family name</td> <td style="text-align: center; font-size: small;">First given name</td> <td style="text-align: center; font-size: small;">Secondary given names</td> </tr> </table> |             |                  |                       | Family name | First given name | Secondary given names | Title |  |
| Name of issuer/investment fund manager/agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                       |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |             |                  |                       |             |                  |                       |       |  |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                       |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |             |                  |                       |             |                  |                       |       |  |
| Family name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | First given name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Secondary given names |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |             |                  |                       |             |                  |                       |       |  |
| Title                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                       |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |             |                  |                       |             |                  |                       |       |  |

Telephone number

Email address

Signature

Date

|                      |                      |                      |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|

YYYY

MM

DD