

Registered Third Party's Name: _____

For the year ending December 31, _____

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CONTRIBUTOR					CONTRIBUTION	
SURNAME	FIRST NAME	MIDDLE INITIAL	MANITOBA RESIDENTIAL ADDRESS	POSTAL CODE	AMOUNT	DATE (mm/dd/yyyy)

- For numbered company please provide name and address of its Chief Executive Officer or President [Sec. 88(2)].
- List all contributions, sign and date the form, indicate "n/a" if there were no contributions.
- If contributions have been aggregated for one contributor enter the dates of both the first and last contribution in the "Date" column.

Signature of financial agent

Date (mm/dd/yyyy)