

**COMPANY NAME
EMPLOYEE SHARE OWNERSHIP PLAN**

PURCHASE FORM FOR TAX CREDIT ELIGIBLE EMPLOYEES

This subscription form must be completed and signed by eligible employees of *Company Name* (the "Company") who wish to purchase shares under the Company's employee share ownership plan (the "Plan") during the offering period from _____ (*insert Start Date*) to _____ (*insert End Date*).

1. Employee Information (Please type or print clearly)

Name (first, initials & last name): _____

Social Insurance Number: _____ Phone: _____

Address: _____

2. Share Purchase Agreement and Payment

I have received and read the share offering document the Company gave me. I agree to purchase _____ common shares (the "Shares") of the Company under the Plan at the offering price of \$_____ per share for a total value of \$_____ by:

\$_____ paid by my self-directed registered retirement savings plan ("SDRRSP"). Attached is my SDRRSP ESOP Purchase form.

\$_____ paid by a cheque payable to the Company attached as full payment for the Shares. Attached is my SDRRSP ESOP Purchase form.

\$_____ paid by a cheque payable to the Company attached as part payment for the shares, with the balance to be paid as indicated below.

\$_____ paid by **payroll deduction**, for which I authorize the Company to deduct from my wages and salary in ____ equal _____ (monthly/biweekly/weekly) instalments.

Purchase Of Additional Shares:

_____ is the maximum number of additional shares I will purchase if any remain available after accounting for the initial purchases. I understand the Company will notify me of the actual number of additional shares allocated to me, if any, and the amount of additional payment due.

NOTE: Tax credit certificates will only be issued after the last payment is made and the Shares are paid for in full.

3. Tax Credit Matters

- Yes, I meet the criteria for a “Tax Credit Eligible Employee” set out on page # of the Plan share offering document.
- I confirm that as a result of this Share purchase I will not receive credit certificates under the *Employee Investment Act* (British Columbia) totalling more than \$2,000 in value in respect of any one calendar year.

Note: Provincial tax credits received as a result of investments in the Working Opportunity Fund and B.C. Medical Innovations Fund are included in the above calculation.

I authorize the Company to apply for tax credit certificates for me and to provide the Administrator of the *Employee Investment Act* (British Columbia) (the “Act”) with all necessary information. I acknowledge that under the Act share certificates issued to Tax Credit Eligible Employees under the Plan must be held by an authorized depository (currently Royal Trust) for **3 years** after purchase. I direct the Company to deliver the share certificate for the Shares to the depository and agree to be bound by the terms of the escrow agreement with the depository about holding of the share certificates under the Plan. I irrevocably appoint the Company as my attorney for the sole purpose of matters related to the escrow agreement.

I understand that it is my responsibility to notify the Ministry of Economic Development (the “Ministry”) immediately of any name or address changes. I am also aware that the following information may be shared with the Canada Revenue Agency: name, address, SIN, amount and date of investment, investee company and tax credit amount.

Dated the ____ day of _____, 2____.

Employee Signature

Attached: SDRRSP ESOP Purchase Form

A FALSE OR MISLEADING STATEMENT IS AN OFFENSE UNDER THE EMPLOYEE INVESTMENT ACT

**COMPANY NAME
EMPLOYEE SHARE OWNERSHIP PLAN**

PURCHASE FORM FOR OTHER ELIGIBLE EMPLOYEES

This subscription form must be completed and signed by Other Eligible Employees (who are not Tax Credit Eligible Employees of *Company Name* (the "Company") who wish to purchase shares under the Company's employee share ownership plan (the "Plan") during the offering period from ___(*insert Start Date*) to _____ (*insert End Date*).

1. Employee Information (Please type or print clearly)

Name (first, initials & last name): _____

Social Insurance Number: _____ Phone: _____

Address: _____

2. Share Purchase Agreement and Payment

I have received and read the share offering document the Company gave me. I agree to purchase _____ common shares (the "Shares") of the Company under the Plan at the offering price of \$_____ per share for a total value of \$_____ by:

\$_____ paid by my self-directed registered retirement savings plan.

\$_____ paid by a cheque payable to the Company attached as full payment for the Shares.

\$_____ paid by a cheque payable to the Company attached as part payment for the shares, with the balance to be paid as indicated below.

\$_____ paid by **payroll deduction**, for which I authorize the Company to deduct from my wages and salary in ___ equal _____ (monthly/biweekly/weekly) instalments.

Purchase Of Additional Shares:

_____ is the maximum number of additional shares I will purchase if any remain available after accounting for the initial purchases. I understand the Company will notify me of the actual number of additional shares allocated to me, if any, and the amount of additional payment due.

Dated the ___ day of _____, 2___.

Employee Signature

A FALSE OR MISLEADING STATEMENT IS AN OFFENSE UNDER THE EMPLOYEE INVESTMENT ACT