



PROVINCE OF BRITISH COLUMBIA

TAX CREDIT APPLICATION

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Email: InvestmentCapital@gov.bc.ca

Freedom of Information and Protection of Privacy Act (FIPPA) The information collected on this form is collected under the authority of the Employee Investment Act, RSBC 1996 c. 112 (Act), and is subject to the provisions of the FIPPA. The personal information will be used for the administration of the Act and the issuance of tax credits. For more information regarding this form and the FIPPA please contact the Venture Capital Tax Credit Program, Box 9800 Stn Prov Govt, Victoria, B.C. V8W 9W1

To be completed by the Company.

ESOP/EVCC Number: _____

Company Name: _____ (the "Company")

Offering Period: _____ to _____

Pursuant to section 7 of the Act and the Company's Employee Share Ownership Plan (the "Plan") the Company hereby applies for tax credit certificates on behalf of each of the Eligible Employees (as defined in the Act) listed in the attached Control Sheet on the basis of the information provided by such Employees in each Employee's Purchase Form (as defined in the Plan) and other information available to the Company. For the purpose of such application, the Company hereby certifies that:

- a) each of the _____ (total number of shares) Shares have been issued to each of the _____ (total number of employee/shareholders) Eligible Employees under the Plan and the Company received payment in full from each employee for the amounts noted in the Control Sheet dated _____, totalling \$_____ on _____ OR on the dates indicated in the Control Sheet (choose one).
b) the Company has to the date hereof, complied with the Plan, the Act, the regulations thereto and any conditions of registration specified by the Administrator;
c) all Eligible Employees were fully informed of their right to purchase shares under the Plan; and
d) no tax credit has previously been allowed for the Shares under the Income Tax Act (British Columbia) or the Income Tax Act (Canada), and the Eligible Employee is not entitled, in respect of the acquisition of the Shares, to claim any tax credit (except that contemplated hereby) or deduction, or receive any other financial assistance from any government, municipality or public authority.

I, the undersigned, am a director or officer of the Company duly authorized to make this application and, to the best of my knowledge, after due examination and inquiry, all statements made in this application are true and correct. I have read sections 7, 31, 32, 35, 36 and 42 of the Act and I understand that it is an offense and may expose me to personal liability to make a false or misleading statement in this application.

Date: _____

Per: _____
Signature of director or officer

Print Name

Position

The form must be sent to the following address:

Attention: Administrator
Venture Capital Tax Credit Program
Employee Share Ownership Program
PO Box 9800, Stn Prov Govt
Victoria, British Columbia V8W 9W1