***General Instructions:***

*1. This fillable form is optional to assist in the creation of the document. This form does not reproduce the instructions contained in* [*Form 45-509F2*](https://fcnb.ca/sites/default/files/2021-09/Form%2045-509F2%20Report%20of%20Exempt%20Distribution_0.pdf%20)*. Please note that you may need to reference the instructions contained in Form 45-509F2 to properly complete this form.*

*2. All tables in this fillable form allow for the addition of extra rows. To add additional rows, right click on the last row of the table and select “insert row below”.*

**Form 45-509F2**

***Report of Exemption Distribution for Community Economic Development Corporations and Cooperatives***

**Item 1 – Community Economic Development Corporation and Cooperative (CEDC) Information**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | New report |  | | | |
|  |  |  | | | |
|  | Amended report | If amended, provide filing date of amended report |  | | (YYYY-MM-DD) |
|  | | | |

Full name        (the CEDC)

Address

Téléphone

Website        (if applicable)

Email        (if applicable)

**Item 2 – Details of Distribution**

Start Date        End Date        Closing Date        (if different than End Date)

(YYYY-MM-DD) (YYYY-MM-DD) (YYYY-MM-DD)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Type of Security | Price per Security | Total Number of Security Distributed | Total Dollar Value Raised | Total Number of Purchasers |
|  |  |  |  |  |
|  |  |  |  |  |

**Item 3 – Promoters**

|  |  |
| --- | --- |
| Name of Promoter | Compensation Paid (Y/N) |
|  |  |
|  |  |

**Item 4 – Purchasers**

**Complete Schedule 1 of this form for each purchaser and attach the schedule to the completed report.**

**Item 5 – Certification**

On behalf of the CEDC, I certify that the statements made in this report are true and accurate.

Signature Date

Full name        Telephone

Title        E-mail

**NOTE**: IT IS AN OFFENSE TO MAKE A MISREPRESENTATION IN THIS REPORT.

**Notice – Collection and Use of Personal Information**

The personal information required under this form is collected on behalf and used by the Commission under the authority granted in the *Securities Act* for the purposes of the administration and enforcement of that Act. If you have any questions about the collection and use of this information, contact us at 1-866-933-2222 or [info@fcnb.ca](mailto:info@fcnb.ca).

The attached Schedule 1 may contain personal information of individuals and details of the distribution(s). The information in Schedule 1 will not be placed on the public file of the Commission. However, the *Right to Information and Protection of Privacy Act* may require the Commission to make this information available if requested.

By signing this report, the CEDC confirms that each individual listed in Schedule 1: a) has been notified by the CEDC of the delivery to the Commission the information pertaining to the individual as set out in Schedule 1, that this information is being collected by the Commission under the authority granted in the *Securities Act* and that this information is being collected for the purposes of the administration and enforcement of the *Securities Act*; and b) has authorized the indirect collection of the information by the Commission.

**Schedule 1 to Form 45-509F2**

|  |  |
| --- | --- |
| **Name of Issuer** | **Certification Date of the Report**  **(YYYY-MM-DD)** |
|  |  |

**List of Purchasers**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Full Name | Address | Telephone | Number of Shares Purchased | Total Purchase Price | Date of Purchase  (YYYY-MM-DD) | Type of Security |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |