4. Particulars for Shareholders, Officers, Directors, Partners, Sole Proprietor, and Office Manager/Supervisor

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04									
Social Insurance Number (optional)	First Name *		Middle	Last *					
Home address *			Position held in company (Officer, Director, Shareholder, Manager) *						
City *	Province *	Postal Code *	Phone * Birth		date (MM/DD/YYYY) * Sex *				
e-mail *			Cell Phone *						
Employment History (go ba	ck three vears) *			From	То			
Name/Address of Employers			Occupation/Position/Type of work		MM/DD/YYYY	MM/DD/YYYY			
05									
Social Insurance Number (optional)	First Name		Middle	Last					
Home address			Position held in company (Officer, Director, Shareholder, Manager)						
City	Province	Postal Code	Phone	Birth date (MM/DD/YYYY) Sex					
e-mail		1	Cell Phone						
Employment History (go bac	ck three years)			From	То			
Name/Address of Employers			Occupation/Position/Type of work		MM/DD/YYYY	MM/DD/YYYY			
06									
Social Insurance Number (optional) First Name			Middle	Last					
Home address			Position held in company (Officer, Director, Shareholder, Manager)						
City	Province	Postal Code	Phone	Birth o	late (MM/DD/YYY	Y) Sex			
e-mail		1	Cell Phone	1					
Employment History (go bac	ck three years)			From	То			
Name/Address of Employers			Occupation/Position/Type of work		MM/DD/YYYY	MM/DD/YYYY			