

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

Extra page for additional key business personnel

#### 04

|  |                                  |  |            |
|--|----------------------------------|--|------------|
| Social Insurance Number (optional)                             | First Name *                     | Middle   | Last *     |
| Home address *   |                                  | Position held in company (Officer, Director, Shareholder, Manager) * |            |
| City *   | Province *                       | Postal Code *  | Phone *    |
| e-mail *   |                                  | Cell Phone *   |            |
| <b>Employment History (provide a minimum of three years) *</b> |                                  |  |            |
| Name/Address of Employers                                      | Occupation/Position/Type of work | <b>From</b>  | <b>To</b>  |
|  |                                  | 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      |
| e-mail   |                                  | Cell Phone   |            |
| <b>Employment History (provide a minimum of three years)</b> |                                  |  |            |
| Name/Address of Employers                                    | Occupation/Position/Type of work | <b>From</b>  | <b>To</b>  |
|  |                                  | 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      |
| e-mail   |                                  | Cell Phone   |            |
| <b>Employment History (provide a minimum of three years)</b> |                                  |  |            |
| Name/Address of Employers                                    | Occupation/Position/Type of work | <b>From</b>  | <b>To</b>  |
|  |                                  | MM/DD/YYYY   | MM/DD/YYYY |
|  |                                  |  |            |
|  |                                  |  |            |
|  |                                  |  |            |