

Transfer Agent Verification Form

Completion of this form certifies to FINRA™ notification of a corporate action (e.g., a name change, stock split, and/or spin-off) for an OTC issuer. This form is required to be filled out and submitted by the transfer agent only.

Transfer Agent: **Required Field*

AGENCY NAME:* _____

IS TRANSFER AGENCY A SEC REGISTERED AGENT?* Yes No, please confirm where registered: _____

AGENCY ADDRESS:* _____

AGENCY REPRESENTATIVE:* _____ TITLE:* _____

TELEPHONE:* _____ FACSIMILE: _____ EMAIL:* _____

WEBSITE:* _____

WHERE DID THE AGENT RECEIVE NOTIFICATION FROM? * ISSUER LEGAL COUNSEL OTHER

OTC Issuer Requiring Change: **Required Field*

COMPANY NAME : * _____

ADDRESS: * _____

CITY:* _____ STATE/PROVINCE:* _____ ZIP/POSTAL CODE:* _____

COUNTRY OF INCORPORATION:* _____ IF US, STATE OF INCORPORATION: _____

DATE OF INCORPORATION OR RE-INCORPORATION: * _____

CONTACT NAME:* _____ TITLE:* _____

TELEPHONE:* _____ FACSIMILE: _____ EMAIL:* _____

Appointment Verification: **Required Field*

DATE OF APPOINTMENT AS TRANSFER AGENT:* _____

If date of appointment is within last six months, please provide the following information:

PRIOR TRANSFER AGENT: _____

DATE RECORDS WERE TRANSFERRED AND RECEIVED FROM PRIOR AGENT: _____

Transaction Options (please fill out all that apply):

Stock Splits/Stock Dividends

FORWARD SPLIT

CUSIP/CINS NUMBER(S): CURRENT: _____ NEW: _____

STOCK SPLIT RATIO: _____

ADDITIONAL INFORMATION: _____

STOCK DIVIDEND (or FORWARD SPLIT w/ RECORD DATE)

CUSIP/CINS NUMBER(S): CURRENT: _____

RECORD DATE: _____ PAYABLE DATE:** _____

STOCK SPLIT/DIVIDEND RATIO: _____

HAS COMPANY ISSUED NEW SHARES AFTER RECORD DATE? No Yes

If yes, please explain: _____

REVERSE SPLIT

CUSIP/CINS NUMBER(S): CURRENT: _____ NEW: _____

STOCK SPLIT RATIO: _____

ADDITIONAL INFORMATION: _____

REVERSE SPLIT FOLLOWED BY FORWARD SPLIT

CUSIP/CINS NUMBER(S): CURRENT: _____ NEW: _____

REVERSE SPLIT RATIO: _____ FORWARD SPLIT RATIO: _____

ADDITIONAL INFORMATION: _____

DIVIDEND PAYABLE IN STOCK OF ANOTHER COMPANY

CUSIP/CINS NUMBER: _____ TOTAL SHARES OUTSTANDING ON RECORD DATE: _____

DESCRIPTION OF SECURITY TO BE DISTRIBUTED: _____

CUSIP/CINS NUMBER: _____ DIVIDEND RATIO: _____

RECORD DATE: _____ PAYABLE DATE:** _____

HAS PAYING COMPANY ISSUED NEW SHARES AFTER RECORD DATE?: No Yes

If yes, please explain: _____

The following information is required for stock splits/stock dividends:

PAYMENT METHOD: PAYMENT UPON SURRENDER (of old certificates) CERTIFICATES MAILED DIRECTLY TO SHAREHOLDERS (surrender of old certificates not required)

PRE-SPLIT TOTAL SHARES OUTSTANDING: _____ AS OF DATE: _____

POST-SPLIT TOTAL SHARES OUTSTANDING: _____ AS OF DATE: _____

METHOD OF SETTLING FRACTIONAL SHARES: _____

ANTICIPATED EFFECTIVE DATE FOR CORPORATE ACTION:** _____

Any conditions which must be met for the transaction to become effective: _____

Transaction Options Cont. (please fill out all that apply):

Name Change:

NEW COMPANY NAME: _____

CUSIP/CINS NUMBER(S): CURRENT: _____ NEW: _____

ANTICIPATED EFFECTIVE DATE FOR CORPORATE ACTION: ** _____

CURRENT TSO: _____

Spin-Off

SPIN-OFF COMPANY NAME: _____

PARENT ENTITY: _____

CUSIP/CINS NUMBER(S): Spin-Off Company: _____ Parent Entity: _____

RELATIONSHIP BETWEEN SPIN-OFF AND PARENT ENTITY: _____

RECORD DATE: _____ PAYABLE DATE:** _____

TOTAL PARENT COMPANY SHARES OUTSTANDING ON RECORD DATE: _____

HAS PAYING COMPANY ISSUED NEW SHARES AFTER RECORD DATE?: No Yes

If yes, please explain: _____

Cash and/or Stock Merger

CUSIP/CINS Number: _____

CONSIDERATION (PER SHARE) CASH: _____ STOCK: # of SHARES _____ OF CUSIP/SYMBOL _____

EFFECTIVE DATE: _____

ADDITIONAL INFORMATION: _____

Other (please specify):

Stock Certificate Verification:

ARE THE EXISTING SHARES DEPOSITORY ELIGIBLE AND HELD AT DTC? Yes, please specify DTC position % _____ No

HAS DTCC BEEN NOTIFIED OF THIS CORPORATE ACTION? Yes, please specify date of notification to DTCC _____ No

DOES COMPANY WANT NEW SHARES TO BE DTC ELIGIBLE? Yes (If yes, please visit link below for DTC eligibility requirements) No

Click on the following link for more information regarding the DTCC Eligibility Process: www.stai.org/pdfs/issuer-agent_corp_action_flyer.pdf

CAN DTC HOLD THE NEW CERTIFICATES IN NOMINEE NAME? Yes No

IS THE SURRENDER OF CERTIFICATES MANDATORY? Yes, please specify effective date: _____ No

WHEN WILL NEW INVENTORY BE AVAILABLE? _____

ARE THERE ANY RESTRICTIONS ON THE NEW SHARES?

Yes, please specify (i.e., 144, legend, etc.): _____

No

ARE THERE SHARES THAT WILL NOT BE PARTICIPATING IN YOUR CORPORATE ACTION?

Yes, please explain: _____

No

Authorization by Transfer Agent Representative: **Required Field*

I*, _____, hereby certify that all requirements by the Transfer Agent have been satisfied to process the transaction and that all the information disclosed in this request is accurate and true.

SIGNATURE:*

DATE:

**** NOTE: Processing of Corporate Action prior to announcement on the OTCBB or OTC Daily List may result in subsequent clearance and settlement issues.**

Submission of Transfer Agent Notification:

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