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FINRA™
Financial Industry Regulatory Authority

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 Agency: *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 Issue 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: _____

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Rockville, MD
20850-3329

t 240 386 4000
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Transaction Options (please fill out all that apply):

☐ Name Change:

NEW COMPANY NAME: _____

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

ANTICIPATED EFFECTIVE DATE FOR CORPORATE ACTION: * * _____

☐ Stock Split:

☐ **FORWARD SPLIT PAYABLE UPON SURRENDER OF OLD CERTIFICATES**

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

STOCK SPLIT RATIO: _____

☐ **FORWARD SPLIT - NEW SHARES ALLOCATED/MAILED DIRECTLY TO SHAREHOLDERS**

CUSIP/CINS NUMBER(S): CURRENT: _____

RECORD DATE: _____ PAYABLE DATE: _____

STOCK SPLIT RATIO: _____

☐ **REVERSE SPLIT**

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

RECORD DATE: _____ PAYABLE DATE: _____

STOCK SPLIT RATIO: _____

The following information is required for all stock splits:

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: _____

☐ Spin-Off:

SPIN-OFF COMPANY NAME: _____

PARENT ENTITY: _____

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

RELATIONSHIP BETWEEN SPIN-OFF AND PARENT ENTITY: _____

ANTICIPATED EFFECTIVE DATE FOR CORPORATE ACTION: * * _____

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

☐ **Other** (please specify)**:**

Stock Certificate Verification: *Required Field

ARE THE EXISTING SHARES DEPOSITORY ELIGIBLE AND HELD AT DTC?* ☐ Yes ☐ No

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

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:*	

Submission of Transfer Agent Notification:

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