

(also referred to as the "Firm")

Client Identification Number

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Name of Account Holder: _____

Delegate Name: _____

To: The Firm

I, the undersigned (the "Account holder"), hereby authorize the above-named Delegate to buy, sell and trade in stocks, bonds and any other securities and/or commodities and/or contracts relating to the same in accordance with the Firm's terms and conditions for my account and risk. I hereby agree to indemnify and hold the Firm harmless from and to pay the Firm promptly on demand any and all losses arising there from or debit balance due thereon.

You are further authorized to follow the instructions of the Delegate in every respect concerning my account with you and to make deliveries of securities and payment of monies as directed by the Delegate.

You may act on the Delegate's instructions without conducting any inquiries or investigations into the propriety of the instructions. If I have given authorization to more than one person, each person may deal independently with you without the consent of the others.

This authorization is in addition to (and no way limits or restricts) any rights which you may have under any other agreement between me and the Firm.

This authorization and indemnity is binding on me and is also a continuing one and shall remain in full force and effect until revoked by me by a written notice addressed to you and delivered to your office at Calgary, Alberta. The notice will be effective five business days after the day you actually receive it. You may act on any instructions you have received before the notice became effective. This authorization and indemnity shall enure to the benefit of the Firm and of any successor firm or firms irrespective of any change or changes at any time in the personnel thereof for any cause whatsoever, and of the assigns of the Firm or any successor firm.

Delegate's information (please provide a copy of one valid government issued ID)

First name		Middle name		Last name	
Apt. or suite		Legal land or street address			City
Province	Postal code	Country	Residential phone number		Alternate phone number
Date of birth (mm/dd/yyyy)			Employer's Name		Employer's address
Type of business			Occupation		
Relationship to account holder					

Is delegate, as an individual or as part of a group, in a control position of a publicly traded company?

Yes
 No

*If yes, please specify the names of the companies

Is delegate a Director, Senior Officer or Insider of any publicly traded company?

Yes
 No

*If yes, please specify the names of the companies

 Signature of Account Holder

 Signature of Co-Account Holder

 Signature of Delegate

 Date (MM/DD/YYYY)