

ADDITION OR WITHDRAWAL OF DIRECTORS, SHAREHOLDERS OR AUTHORIZED AGENTS GENERAL EXPLOSIVES PERMIT - COMPANY

Note: This form must be filled by an authorized representative of the company (director, shareholder holding 10% or more of the shares with full voting rights or authorized agent).

1.		IDENTIFICATION OF COMPANY AND AUTHORIZED REPRESENTATIVE											
1.1	COMPANY												
Name of the company								General explosives permit number – Company					
1.2 AUTHORIZED REPRESENTATIVE OF THE COMPANY													
Last	Last name, first name												
Gen	eral ex	xplosives perm	it Number	r – Individual (if applicable)			Date of birth (yyyy-mm-dd)		P	Phone (office)	Extensi	on	
Note subm	: Any it an a	new director a	and shareh	nolder holding 10% store, sell or trans	or more of the s	shares v	with full voting	rights be adde	ed to the	e list. Authoriz	zed agents on the	list can	
			4.5.5	ITION OF WIT		05.0) = U O				
2.	ADDITION OR WITHDRAWAL OF DIRECTORS O												
	Α	Addition		ector				General explosives permit Number – Individual (if applicable)					
		Withdrawa			reholder holding 10% or more of the company's share								
	Last name, first name or name of body corporate												
	Gend	ler		Date of birth (уууу-г	nm-dd)	F	Phone (home)		Phone	(office)	Extensi	on	
	M F Other												
Address (street number, street, office, city, town, municipality, province and country [if other than Canada])									Postal code/ZIP	code			
	RESERVED FOR SÛRETÉ CRPQ check Positive Negative												
	Α	Addition Withdrawa		ector areholder holding 1	0% or more of th	ne compa	any's shares	General explos	sives pe	ermit Number	– Individual (if app	licable)	
B Last name, first name or name of body corporate													
					ate of birth (yyyy-mm-dd) Phone (home)			Phone (office)		(office)	Extension		
	M F Other						on Conodol)				Postal code/ZIP	codo	
	Address (street number, street, office, city, town, municipality, province and country [if of					r in other th	ian Canadaj)				FOSIAI COUE/ZIF	code	
	RESERVED FOR SÛRETÉ CRPQ check Positive Negative												
		Addition	Dir	ector			General explo	General explosives permit Number – Individual (if applicable					
	A Withdrawal Shareholder holding 10% or more of the company's shares												
	B Last name, first name or name of body corporate												
				Date of birth (уууу-г	te of birth (yyyy-mm-dd)			Phone (home)		(office)	Extensi	on	
	Address (street number, street, office, cit			city, town, municipality, province and country [if other than Canada			ıan Canada])			Postal code/ZIP co		code	
RESERVED FOR SÛRETÉ CRPQ check Positive Negative													
_						A.A.A.I.		001750 4	25NT				
3.				ADDITION O	R WITHDRA	AWAL	OF AUTH						
	Addition Last name, i			first name				General explosives permit			umber – Individual (if applicable)		
	_	Gender Date of birth (yyyy-mm-dd) M F Other		mm-dd)	Fonction					Phone (home)			
	Addition Last name, f			first name				General exp	olosives	er – Individual (if ap	pplicable)		
	Gender M F Other			Date of birth (yyyy-mm-dd)			nction				Phone (home)		
		ddition La		first name				General exp	olosives	er – Individual (if ap	pplicable)		
	Withdrawal Gender Control Co			Date of birth (yyyy-mm-dd)		Foncti	nction			Phone (home)			
		1 F	Other		an à fou et des e					The			

The form must be sent to the Bureau du cotrôle des armes à feu et des explosifs by email at explosifs@surete.qc.ca. The email address of the sender must be that of an authorized representative of the company (director, shareholder or agent). **The email serves as a signature**.