

**SECTION A – Business Information**

Business Name \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 \_\_\_\_\_  
 Business Number \_\_\_\_\_ RJSC Number \_\_\_\_\_  
 Contact Person \_\_\_\_\_ Telephone # \_\_\_\_\_  
 Email \_\_\_\_\_

**SECTION B – Eligibility Information**

Yes No

- 1) Has the CEDIF filed all required annual reports with the *Nova Scotia Securities Commission* and the *Department of Finance & Treasury Board*?
  - 2) Is the CEDIF in compliance with all applicable Nova Scotia legislation?
  - 3) Is this application for the 20% or the 10% credit? 20% Credit 10% Credit
  - 4) If applying for the 20% credit is the market value of the fund greater than 65% of the value invested in the original CEDIF?
  - 5) If applying for the 10% credit is the market value of the fund greater than 50% of the value invested in the original CEDIF?
- \*If yes, provide a statement detailing how the market value was calculated.

Information pertaining to the original offering the rollover credits are proposed for and 1 subsequent offering:

Offering	Closing date of Issue	ETC Certificate Number	Gross Capital Raised (\$)
Original			
Subsequent			

**SECTION C – Inclusions**

The following must be included with the application:

- i) A notarized copy of the current shareholder register showing the dates of ALL TRANSACTIONS (purchases, sales and transfers)
- ii) A copy of the latest available financial statements
- iii) A copy of the applicable investor data report (in Excel)

**SECTION D – Certification**

I certify that I am an authorized officer of the applicant company and that the information contained in this application and its inclusions is true and correct, and that applicant business is eligible for Equity Tax Credit subsequent tax credits to the best of my knowledge and belief. I also hereby acknowledge on behalf of the applicant business that any information contained in this application and inclusions has limited confidentiality privileges and the Department of Finance & Treasury Board may disclose this information to any legal, regulatory or other authority at its discretion.

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (dd-mmm-yy)

\_\_\_\_\_  
Position

Last Updated: December 2017

**SUBMITTING THE APPLICATION PACKAGE**

The completed application form and all attachments should be emailed to the administrator

*Note that our emailing system has a limit of 20MB per email. If the attachment sizes total a larger number, please submit the application package in as many emails as necessary.*

For more information regarding the ETC program, please contact the Department of Finance & Treasury Board.