



DECLARATION REGARDING THE ACCURACY OF INFORMATION PROVIDED AND CONSENT TO GATHER, KEEP, USE AND DISCLOSE PERSONAL INFORMATION

I, the undersigned, _____, personally or as the representative, associate, partner, manager or administrator of _____, a body corporate or majority-held Aboriginal partnership, declare that the information provided to apply for repayable or non-repayable funding (the "Application for Financing") from the Native Commercial Credit Corporation ("SOCCA" or "us") is accurate and complete in all respects.

In order to allow SOCCA to analyze the Application for Financing, determine its eligibility and ensure compliance with granting conditions for such financing, I hereby authorize SOCCA to obtain personal information that concerns me from any federal or provincial institution, as well as any financial institution, enterprise or other ("third parties").

I understand that the personal information held by you will be kept at SOCCA headquarters in a safe location. Said information will not be used or disclosed for purposes other than those for which it was obtained, unless consent is provided by the persons in question or the law requires or permits it. Moreover, only individuals expressly authorized by you under the terms of their duties at SOCCA will be authorized to collect and process said personal information.

I further understand that you will demand compliance with these guarantees by third parties to whom you provide this personal information.

It is possible that you may need to take cognizance of credit reports or recommendations regarding my solvency prepared by a personal information agent. If such is the case, you will indicate to me the procedure to follow to gain access to my file and rectify with the agent information contained in it. Moreover, and at my request, you will communicate to me the contents of any credit report that you are aware of for the purpose of reaching a decision concerning me.

Upon request, I agree to provide you with any information or documents required in relation to the Application for Financing and I will ensure that I inform you of any changes to information held by you as soon as possible.

Without limiting the generality of the preceding, I also authorize you to disclose to your financial partners, the Royal Bank of Canada, the Business Development Bank of Canada or others, personal information regarding me so they may offer to me products and services that may correspond to my needs.

initials: _____

At my request and upon presentation of relevant documents, you will proceed with the rectification or correction of my personal information as soon as possible.

This consent is valid for the period of time needed to complete the procedures indicated in paragraph 2 of this document. Personal information provided will only be used under the terms of this Application for Financing or any other related application.

CONSENT

I, the undersigned, have read this document entitled “Declaration Regarding the Accuracy of Information Provided and Consent to Gather, Keep, Use and Disclose Personal Information” and I agree to its provisions.

_____, on _____ day of _____ 20_____
(location of signatory)

CONSENT

_____ (name of the body corporate or partnership), represented by one of its managers or associate, as the case may be, and duly authorized to this effect, has taken cognizance of this document entitled "Declaration Regarding the Accuracy of Information Provided and Consent to Gather, Keep, Use and Disclose Personal Information" and agrees to its provisions.

_____, on _____ day of _____ 20_____
(location of signatory)

(name of the body corporate or partnership)

By: _____ (duly authorized)
Name: _____

The undersigned, being all and sole associates, shareholders, administrators or managers of _____ (name of the body corporate or partnership) have taken cognizance of this document entitled "Declaration Regarding the Accuracy of Information Provided and Consent to Gather, Keep, Use and Disclose Personal Information" and agree to its provisions.

_____, on _____ day of _____ 20_____
(location of signatory)

Name:

Name:

Name: