

microFIT ADDITIONAL CONTACT INFORMATION FORM

OPARP/f-mFIT-004r1

Please complete and submit this microFIT Additional Contact Information Form if more than one Eligible Participant owns the property on which the proposed microFIT Project is to be located.

| Applicant No. 2 | | | | | |
|--|--|-----------|--|--------------|--|
| Q.1.1 Please select the Applicant's type of Eligible Participant from the drop down list below: | | | | | |
| Q.1.2 Name of the Applicant: | | | | | |
| Q.1.3 Date of Birth of the Applicant <i>(if the Applicant is a natural person)</i> : | | | | | |
| Q.1.4 Applicant's Contact Person: | | | | | |
| Q.1.5 Primary Email Address: | | | | | |
| Q.1.6 Secondary Email Address <i>(optional)</i> : | | | | | |
| Q.1.7 Phone Number: | | | | | |
| Q.1.8 Mailing Address: | | | | | |
| City/Town: | | Province: | | Postal Code: | |
| Q.1.9 Farm Business Registration Number <i>(if applicable)</i> : | | | | | |

| Applicant No. 3 | | | | | |
|--|--|-----------|--|--------------|--|
| Q.1.1 Please select the Applicant's type of Eligible Participant from the drop down list below: | | | | | |
| Q.1.2 Name of the Applicant: | | | | | |
| Q.1.3 Date of Birth of the Applicant <i>(if the Applicant is a natural person)</i> : | | | | | |
| Q.1.4 Applicant's Contact Person: | | | | | |
| Q.1.5 Primary Email Address: | | | | | |
| Q.1.6 Secondary Email Address <i>(optional)</i> : | | | | | |
| Q.1.7 Phone Number: | | | | | |
| Q.1.8 Mailing Address: | | | | | |
| City/Town: | | Province: | | Postal Code: | |
| Q.1.9 Farm Business Registration Number <i>(if applicable)</i> : | | | | | |

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Applicant No. 4

Q.1.1 Please select the Applicant's type of Eligible Participant from the drop down list below:

Q.1.2 Name of the Applicant:

Q.1.3 Date of Birth of the Applicant *(if the Applicant is a natural person)*:

Q.1.4 Applicant's Contact Person:

Q.1.5 Primary Email Address:

Q.1.6 Secondary Email Address *(optional)*:

Q.1.7 Phone Number:

Q.1.8 Mailing Address:

City/Town: Province: Postal Code:

Q.1.9 Farm Business Registration Number *(if applicable)*:

Applicant No. 5

Q.1.1 Please select the Applicant's type of Eligible Participant from the drop down list below:

Q.1.2 Name of the Applicant:

Q.1.3 Date of Birth of the Applicant *(if the Applicant is a natural person)*:

Q.1.4 Applicant's Contact Person:

Q.1.5 Primary Email Address:

Q.1.6 Secondary Email Address *(optional)*:

Q.1.7 Phone Number:

Q.1.8 Mailing Address:

City/Town: Province: Postal Code:

Q.1.9 Farm Business Registration Number *(if applicable)*: