

## INSTRUCTIONS: ADDITIONAL APPLICANT INFORMATION

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Capitalized terms not defined herein have the meanings ascribed to them in the microFIT Rules, Version 4.1.

### INSTRUCTIONS APPLICABLE TO ALL PRESCRIBED FORMS

1. The instruction page is not required to be submitted with the Application.
2. Apart from the completion of any blanks, bullets or similar uncompleted information in this Prescribed Form, no amendment may be made to the wording of this form.
3. The Prescribed Form must be completed in its entirety.

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**PRESCRIBED FORM: ADDITIONAL APPLICANT INFORMATION**

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<b>1</b>	<p><b>IN THE MATTER OF</b> an Application under the microFIT Rules, Version 4.1.</p> <p>Capitalized terms not defined herein have the meanings ascribed to them in the microFIT Rules, Version 4.1.</p>	<p>Complete and submit this microFIT Additional Applicant Information form if more than one Eligible Participant owns the property on which the proposed microFIT Project is to be located.</p>
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<b>2</b>	<b>APPLICANT NO. 2 CONTACT INFORMATION</b>	
<p>Applicant Type: _____</p> <p>Name of the Applicant: _____ Date of Birth of the Applicant: _____</p> <p>Applicant's Contact Person (<i>Applicable if Applicant is not a Natural Person</i>): _____</p> <p>Mailing Address: _____ City/Town: _____</p> <p>Province/State: _____ Country: _____ Postal/ZIP Code: _____</p> <p>Primary Email: _____ Phone Number: _____ Ext: _____</p>		
<p>I, _____, of _____, in _____ <small>(Insert name of Applicant No. 2) (Insert City/Town/Region, etc.)</small></p> <p>_____ hereby authorize the primary Applicant, _____ to submit <small>(Insert name of Province or State) (Insert name of primary Applicant)</small></p> <p>my Application, be the primary point of contact and act on my behalf for the purposes of my microFIT Application.</p>		
<p>Name: _____ Signature: _____ Date: _____</p>		

<b>3</b>	<b>APPLICANT NO. 3 CONTACT INFORMATION</b>	
<p>Applicant Type: _____</p> <p>Name of the Applicant: _____ Date of Birth of the Applicant: _____</p> <p>Applicant's Contact Person (<i>Applicable if Applicant is not a Natural Person</i>): _____</p> <p>Mailing Address: _____ City/Town: _____</p> <p>Province/State: _____ Country: _____ Postal/ZIP Code: _____</p> <p>Primary Email: _____ Phone Number: _____ Ext: _____</p>		
<p>I, _____, of _____, in _____ <small>(Insert name of Applicant No. 3) (Insert City/Town/Region, etc.)</small></p> <p>_____ hereby authorize the primary Applicant, _____ to submit <small>(Insert name of Province or State) (Insert name of primary Applicant)</small></p> <p>my Application, be the primary point of contact and act on my behalf for the purposes of my microFIT Application.</p>		
<p>Name: _____ Signature: _____ Date: _____</p>		

**PRESCRIBED FORM: ADDITIONAL APPLICANT INFORMATION**

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**4 APPLICANT NO. 4 CONTACT INFORMATION**

Applicant Type: \_\_\_\_\_

Name of the Applicant: \_\_\_\_\_ Date of Birth of the Applicant: \_\_\_\_\_

Applicant's Contact Person (*Applicable if Applicant is not a Natural Person*): \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/Town: \_\_\_\_\_

Province/State: \_\_\_\_\_ Country: \_\_\_\_\_ Postal/ZIP Code: \_\_\_\_\_

Primary Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Ext: \_\_\_\_\_

I, \_\_\_\_\_, of \_\_\_\_\_, in \_\_\_\_\_  
(Insert name of Applicant No. 4) (Insert City/Town/Region, etc.)  
\_\_\_\_\_ hereby authorize the primary Applicant, \_\_\_\_\_ to submit  
(Insert name of Province or State) (Insert name of primary Applicant)  
my Application, be the primary point of contact and act on my behalf for the purposes of my microFIT Application.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**5 APPLICANT NO. 5 CONTACT INFORMATION**

Applicant Type: \_\_\_\_\_

Name of the Applicant: \_\_\_\_\_ Date of Birth of the Applicant: \_\_\_\_\_

Applicant's Contact Person (*Applicable if Applicant is not a Natural Person*): \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/Town: \_\_\_\_\_

Province/State: \_\_\_\_\_ Country: \_\_\_\_\_ Postal/ZIP Code: \_\_\_\_\_

Primary Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Ext: \_\_\_\_\_

I, \_\_\_\_\_, of \_\_\_\_\_, in \_\_\_\_\_  
(Insert name of Applicant No. 5) (Insert City/Town/Region, etc.)  
\_\_\_\_\_ hereby authorize the primary Applicant, \_\_\_\_\_ to submit  
(Insert name of Province or State) (Insert name of primary Applicant)  
my Application, be the primary point of contact and act on my behalf for the purposes of my microFIT Application.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_