

This page sets out the instructions for completing the Prescribed Form: Transmitter Selection Framework Registry Application Form.

All capitalized terms used in these instructions and the Prescribed Form: Transmitter Selection Framework Registry Application Form, unless otherwise stated, have the meanings ascribed to them in the Registry Rules.

INSTRUCTIONS APPLICABLE TO ALL PRESCRIBED FORMS:

- a. This instruction page is not required to be submitted as part of the completed Prescribed Form.
- b. The Prescribed Form is required to be submitted electronically via Workspaces to the IESO.
- c. Information provided in a Prescribed Form should be consistent with the information provided in the Workbook.
- d. Where the Prescribed Form has multiple pages, the pages of the Prescribed Form should be kept together in the Application Package in sequential order.
- e. Apart from the completion of any blanks, drop down lists, check boxes or similar uncompleted information in a Prescribed Form, no amendments may be made to the wording of a Prescribed Form.
- f. Any Prescribed Form must be completed in its entirety. Fields marked <if applicable> must be completed if applicable to the submission. If not applicable, they should be marked "Not Applicable".
- g. If a signature is required for a Prescribed Form, the Prescribed Form must be signed by a person with authority to bind the Proponent. The Prescribed Form may be printed, signed and scanned, or may be signed digitally through Adobe (Digital ID, or Fill and Sign), Apple Preview or DocuSign.
- h. With the exception of this instruction page, instructions within a Prescribed Form will be enclosed in brackets.
- i. In the event that there is any conflict between the Registry Rules and any Prescribed Form, the Registry Rules will take precedence (unless the Registry Rules state otherwise).

INSTRUCTIONS SPECIFIC TO THIS PRESCRIBED FORM:

- a. The Prescribed Form: Transmitter Selection Framework Registry Application Form – Workbook (“Workbook”) constitutes a part of this Prescribed Form: Transmitter Registry Application Form.
- b. The Workbook must be completed in Microsoft Excel format.
- c. The Workbook consists of three (3) worksheets, entitled “Company Profile”, “Experience” and “Financial”. Substantiating information should be directly referenced in the appropriate blank field in the Workbook.
- d. All fields in the Workbook should be completed, as applicable.



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**Prescribed Form: Transmitter Selection
Framework Registry Application Form**

TSF@ieso.ca
TSFPPF-APP100

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All capitalized terms not defined in this Application Form have the definitions ascribed to them in the Registry Rules.

Note: For Transmission Project procurements conducted under the Transmitter Selection Framework, the IESO intends to require that the proponent submitting a proposal to participate in such procurement be the Registrant, a wholly owned subsidiary of the Registrant, a Person Controlled by the Registrant, or another Person whereby the Registrant holds at least [45%] of its Economic Interest.

Section 1 – Applicant Information

a.	Legal name of Applicant:	
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Section 2 – Confirmation of Registrant Requirements (Under Section 2 of the Registry Rules)

Note: Please check the boxes for confirmation.

The Applicant declares that:

	Applicant meets the eligibility requirements set out in Section 2.2 of the Registry Rules.
	Applicant has completed a Transmitter Selection Framework Registry Application Form – Workbook and attached it as Exhibit A hereto.
	If applicable under Section 1 of the Application Form - Workbook, Applicant has provided an organizational chart showing the relationship of the Applicant to its Designated Affiliate and attached it as Exhibit B hereto.
	Applicant and its Designated Affiliate, if applicable, do not have a history of in the past five (5) years (prior to the submission date of the Applicant's Application Package) of any proceeding under any Insolvency Legislation or regulatory enforcement and has attached searches showing the Applicant and its Designated Affiliate, if applicable, do not have a history in the past five (5) years (prior to the submission date of the Applicant's Application Package) of any proceeding under any Insolvency Legislation as Exhibit C hereto.
	If applicable under Section 3 of the Application Form – Workbook, Applicant, its Designated Affiliate, or a combination of Applicant and its Designated Affiliate have a Tangible Net Worth of at least \$200 million (CAD) and Applicant has provided audited financial statements demonstrating a Tangible Net Worth of at least \$200 million (CAD) and attached them as attachment D hereto.
	Applicant has completed a Statutory Declaration and attached it as Exhibit E hereto.

If applicable under Section 2.2(c) of the Registry Rules, Applicant has completed a Non-Exclusivity Attestation Form and attached it as Exhibit F hereto.

Section 3 – Additional Representations, Warranties and Acknowledgements

The undersigned represents and warrants that he/she has the authority to act on behalf of, and to bind, the Applicant to perform the terms and conditions and otherwise comply with all obligations stated herein and in the Registry Rules. By signing this form, using electronic signature or otherwise, he/she agrees to the content, terms and conditions set out in this Application Form and in the Registry Rules on behalf of the Applicant.

***Note:** This attestation does not confirm the undersigned as a Registrant for the Transmitter Selection Framework Registry. Eligibility will be evaluated as part of the Application Package review process.*

Applicant Legal Name: _____

Per: _____

Print Name:

Print Title:

(I have authority to bind the Applicant)

Date Signed:

The undersigned confirms that it is not serving as a Designated Affiliate for any other Participant.

Designated Affiliate Legal Name: _____

Per: _____

Print Name:

Print Title:

(I have authority to bind the Designated Affiliate)

Date Signed:



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**Prescribed Form: Transmitter Selection
Framework Registry Application Form**

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EXHIBIT A

Transmitter Selection Framework Registry Application Form – Workbook



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**Prescribed Form: Transmitter Selection
Framework Registry Application Form**

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EXHIBIT B

Organizational chart showing relationship of Applicant to Designated Affiliate

EXHIBIT C

Searches showing the Applicant and its Designated Affiliate, if applicable, do not have a history in the past five (5) years (prior to the submission date of the Applicant's Application Package) of any proceeding under any Insolvency Legislation History

EXHIBIT D

**Applicant's, and/or Designated Affiliate's, audited financial statements
demonstrating \$200 million (CAD) Tangible Net Worth**

EXHIBIT E

STATUTORY DECLARATION

STATUTORY DECLARATION IN THE MATTER OF the Applicant for *<insert name of the Applicant>* _____ (the "Applicant"), under the Transmitter Selection Framework – Transmitter Selection Framework Registry - Registry Rules (the "Rules").

Capitalized terms not defined herein have the meanings ascribed to them in the Rules.

I, *<insert name of declarant>* _____ of the *<insert City/Town/Region etc.>* _____ of *<insert name of City/Town/Region etc.>* _____, in *<insert name of Province or State>* _____

DO SOLEMNLY DECLARE, on behalf of the Applicant, without personal liability, the following information:

- a. I am the / an *<insert office held, e.g. president, director, etc.>* _____ of the Applicant and have knowledge of the matters herein described.
- b. The statements and information contained in and/or attached to the Prescribed Form: Transmitter Selection Framework Registry Application Form ("Registry Application Information") are true and correct in all material respects, and there is no material information omitted therefrom which would make the Registry Application Information misleading or inaccurate.

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AND I MAKE THIS SOLEMN DECLARATION conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath and by virtue of the Canada Evidence Act.

Name of Declarant	Declared before me at the (City, Town, etc.) of in the (County, Regional Municipality, etc.) of, on this day of, 20..... OR Sworn (or Affirmed or Declared) remotely by stated as being located in the (City, Town, etc.) of in the (County, Regional Municipality, etc.) of, before me at the (City, Town, etc.) of in the (County, Regional Municipality, etc.) of, on this day of, 20....., in accordance with O.Reg 431/20, Administering Oath or Declaration Remotely.
Signature of Declarant	Name of Commissioner of Oaths, etc.
<Statutory declarations must be solemnly declared and signed before commissioners of oaths or similar officials (e.g. notary public).>	Signature of Commissioner of Oaths, etc.

EXHIBIT F

Non-Exclusivity Attestation Form