

Prescribed Form: Non-Exclusivity
Attestation Form

TSF@ieso.ca
TSFPF-APP100

This page sets out the instructions for completing the Prescribed Form: Non-Exclusivity Attestation Form.

All capitalized terms used in these instructions and the Prescribed Form: Non-Exclusivity Attestation 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 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 Participant. 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).



Prescribed Form: Non-Exclusivity Attestation Form

TSF@ieso.ca TSFPF-APP100

THIS PAGE HAS BEEN INTENTIONALLY LEFT BLANK



Prescribed Form: Non-Exclusivity Attestation Form

TSF@ieso.ca
TSFPF-APP100

All capitalized terms not defined in this Non-Exclusivity Attestation Form have the definitions ascribed to them in the Registry Rules.

NON-EXCLUSIVITY ATTESTATION

ATTESTATION IN THE MATTER OF the Participant's compliance with the Registry Rules.

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

I, < insert name of authorized signatory> _	, of the
<insert city="" etc.="" town=""></insert>	of < insert name of City/Town>
	_ in < insert name of Province/ State>
	on behalf of < insert name of Participant>
	_ (the "Participant") attest to the following
information:	
1. I am the / an <insert he<="" office="" td=""><td>eld> of the Participant</td></insert>	eld> of the Participant

- 1. I am the / an *<insert office held>* ______ of the Participant and have knowledge of the matters herein described.
- 2. I have the authority to bind the Participant for the purposes of the subject matter of this attestation and to perform the terms and conditions and otherwise comply with all obligations stated herein.
- 3. The Participant provides this Non-Exclusivity Attestation Form in respect of the following TSF Identified Projects being procured pursuant to the Transmitter Selection Framework: [insert name(s) of TSF Identified Project(s), for which a proposal has not been selected]
- 4. Neither the Participant nor any of its Affiliates are parties to a Prohibited Exclusivity Arrangement in respect of the above referenced TSF Identified Project(s), and the Participant covenants that it will not enter into any such Prohibited Exclusivity Arrangements and it shall take such actions within its control to ensure that none of its Affiliates enter into any such Prohibited Exclusivity Agreements.

I confirm that I make this attestation conscientiously believing it to be true. I acknowledge and agree that the IESO may rely on this attestation for purposes of the Registry Rules and the Transmitter Selection Framework.

[signature page follows]



Prescribed Form: Non-Exclusivity Attestation Form

TSF@ieso.ca
TSFPF-APP100

Participant Legal Name:
Per:
Print Name:
Print Title:
(I have authority to bind the Participant)
Date Signed: