

ATTACHMENT TO FORM 6B

In order to assist the Commission in expediting the application review process, please provide the following additional information:

1. Signatory's email address: _____

FORM 6B
LAND HOLDING DISCLOSURE STATEMENT FOR A CORPORATION
PURSUANT TO SECTION 10 OF THE *P.E.I. LANDS PROTECTION ACT*

*******SHORT FORM*******

INFORMATION PROVIDED SHALL DISCLOSE THE MAXIMUM LAND HOLDING DURING THE REPORTING YEAR

SECTION 1

Circle the answers to the following questions:

- A. Does the disclosing corporation own more than 5% of the issued voting shares in any other corporations?
YES NO
- B. Do any other corporations own more than 5% of the issued voting shares in the disclosing corporation?
YES NO
- C. Do any of the shareholders of the disclosing corporation own more than 5% of the issued voting shares in any other corporations?
YES NO
- D. Is the disclosing corporation or any of its shareholders a trustee or beneficiary in a trust that has an aggregate land holding?
YES NO
- E. Has the Minister given the disclosing corporation approval to limit disclosure pursuant to subsection 11(3) of the **P.E.I. Lands Protection Act**?
YES NO

If you answered YES to any of the above questions, do not use this form. Complete Form 6D.

Reporting Year _____

1.1 Name of Disclosing Corporation _____

1.2 Mailing Address _____ Province _____

Postal Code _____ Telephone _____ Fax _____

1.3 Place of incorporation _____ 1.4 Date of incorporation _____

1.5 Names and permanent addresses of all officers and directors

List the following information.

1.6 Total acreage owned by the Disclosing Corporation (from Appendix 1) _____

1.7 Total acreage leased in by the Disclosing Corporation (from Appendix 2) _____

1.8 Total land holdings of shareholders of the Disclosing Corporation (Total of Column 4
in Section 2.3) _____

1.9 Total Aggregate Land Holding (1.6+1.7+1.8) _____

Initials

FORM 6B

This form has been completed pursuant to Section 10 of the **P.E.I. Lands Protection Act**.

I hereby declare that the information provided in this form and appendices is accurate and true to the best of my knowledge and belief for reporting year _____.

Signature on behalf of the Disclosing Corporation*

Date

*** This form must be signed by an authorized signing officer of the Disclosing Corporation.**

Name of Signatory _____

Title _____

For further inquiries please name a contact person

Name _____

Mailing Address _____

Province _____ Postal Code _____

Telephone _____ Fax _____

