



Business Relationship Disclosure

Instructions

This form is to be used by Program Participants in Nova Scotia's Cap-and-Trade Program created under Nova Scotia's *Environment Act 1994-95* (the "Act") and the Cap-and-Trade Program Regulations (the "Regulations") made under the Act.

Program Participants must provide information about business relationships with any other Program Participants that are registered within Nova Scotia's cap-and-trade program, in addition to existing disclosure requirements outlined in the Regulations.

Note: Only electronically completed forms will be accepted. All fields noted with an asterisk (*) in this form are required fields. Once all these fields are complete, save and print this form.

Update to Information

Note: When you need to update any of your information, you must complete all sections of this form. It is recommended that you save an electronic copy of the completed form. Each form submitted for the purpose of updating information will replace the version previously submitted. Please indicate the "Type of Disclosure" below as "Update" and indicate the section(s) that have been modified.

Permission to Bid in an Auction

As part of an application for permission to bid in an auction, a Program Participant must submit any updates to the business relationship disclosures to Nova Scotia Environment no later than 40 days before the day of the auction.

Please submit the completed form to Nova Scotia Environment at the following address:

**Cap-and-Trade Program
Nova Scotia Environment
1903 Barrington Street,
2nd Floor, Suite 2085
Halifax, NS B3J 2P8**

The Registrar will screen each form for completeness and may request additional information before accepting a submission as complete.

For any questions regarding this form, please contact Nova Scotia Environment at capandtradehelp@novascotia.ca.

Fields marked with an asterisk (*) are mandatory.

Type of Disclosure

Application type *

New application	Update to an existing application
If the application is an update, please list which sections were modified:	

Section 1 - Participant Identification

The Program Participant is a(n): *

Corporation	Partnership	Sole proprietor
Other – please specify		
CITSS ID*		
Business number (assigned by Canada Revenue Agency)*		
Registry number (assigned by Nova Scotia Registry of Joint Stock Companies)*		
Participant's legal name *	Participant's operating name *	

Section 2 – Business Ownership

For **corporation** – Please disclose below the names and professional contact information of all **directors** and **officers** of the Program Participant:

For **partnership** – Please disclose below the names and professional contact information of each **partner**, or in the case of a limited partnership, the name and contact information of each partner and general partner of the Program Participant. For each partner that is a corporation, please disclose below the names and professional contact information of the directors and officers of that corporation:

For **other** – Please disclose below the name(s) and professional contact information of **the individual(s) with legal authority** over the Program Participant:

Professional Contact - 1

First name *		Last name *	
Company*		Position title*	
Work telephone number *	Work email address*		
Work address unit	Street number and name*		
City/Town*	Province/State*	Country*	Postal code*

Professional Contact - 2

First name *		Last name *	
Company*		Position title*	
Work telephone number *	Work email address*		
Work address unit	Street number and name*		
City/Town*	Province/State*	Country*	Postal code*

Professional Contact – 3

First name *		Last name *	
Company*		Position title*	
Work telephone number *	Work email address*		
Work address unit	Street number and name*		
City/Town*	Province/State*	Country*	Postal code*

Professional Contact - 4

First name *		Last name *	
Company*		Position title*	
Work telephone number *	Work email address*		
Work address unit	Street number and name*		
City/Town*	Province/State*	Country*	Postal code*

Note: If you need additional space, please include an attachment with Section 2 details.

Section 3 - Persons with Control

For **corporation** – Please disclose the names and professional contact information of persons (e.g., entities and individuals) **controlling more than 10 per cent of the voting rights** attached to all of the outstanding voting securities of the Program Participant.

For **partnership** – Please disclose the names and professional contact information of each special partner (e.g., entities and individuals) that has provided **more than 10 per cent of the common stock** of the Program Participant and of each general partner (e.g., entities and individuals).

For **Other** – Please disclose the names and professional contact information of persons (e.g., entities and individuals) **with control over the Program Participant** as defined in Section 3 of the Regulations.

Professional Contact - 1

Name of natural (individual) or legal person (entity) *			
Work telephone number *	Work email address*		
Work address unit	Street number and name*		
City/Town*	Province/State*	Country*	Postal code*

Professional Contact - 2

Name of natural (individual) or legal person (entity) *			
Work telephone number *	Work email address*		
Work address unit	Street number and name*		
City/Town*	Province/State*	Country*	Postal code*

Professional Contact - 3

Name of natural (individual) or legal person (entity) *			
Work telephone number *	Work email address*		
Work address unit	Street number and name*		
City/Town*	Province/State*	Country*	Postal code*

Note: If you need additional space, please include an attachment with Section 3 details.

Section 4 - Parents and Subsidiaries

For corporation – Use this table to disclose information about each parent and subsidiary of the Program Participant. You must disclose all parent and subsidiary companies, regardless of whether or not they are registered under Nova Scotia’s Cap-and-Trade Program.

First, identify the parent company that directly controls the Program Participant, followed by the ultimate parent, and then disclose the succession of indirect parents between the Participant and the Participant’s ultimate parent (if applicable). The Program Participant must also declare its subsidiaries.

Note: Parent and subsidiary relationships are defined in Section 3 of the Regulations.

Item No.	Legal name	Operating name	Relationship type (parent, subsidiary, or ultimate parent)	Direct or indirect	Measure of control (securities, officers/ directors, voting rights, general partners)	Percentage of control (%)
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Note: If you need additional space, please include an attachment with Section 4 details.

Section 5 - Business Relationships (Including 'Related Persons')

Please disclose the persons with whom the Program Participant has a business relationship (including those defined as 'related persons' under the Regulations), whether they are already registered, required to register (but have not already done so), or in the process of registering under the Regulations, and a description of each relationship.

If the Program Participant has business relationship(s) which must be disclosed under the Regulations, then a diagram showing the relationship(s) must be provided (on page 9). If an unregistered company is a link in the chain of business relationship(s) between two registered or registering companies, then you must also disclose that company in the diagram.

Please check the applicable box below. *

The Program Participant does not have any business relationships (including those defined as 'related persons'). If you select this option, go to Section 6.

The Program Participant has business relationships (including those defined as 'related persons') but none which must be disclosed under the Regulations. If you select this option, go to Section 6.

The Program Participant has business relationships (including those defined as 'related persons') which must be disclosed under the Regulations. If you select this option, identify business relationships on the next page.



Pursuant to Nova Scotia's Cap-and-Trade Program Regulations, Program Participants who are 'related persons' must divide between them, as percentages, the holding limit.

Please first disclose all 'related persons' relationship(s) clearly indicating how the holding limit will be shared between these related persons. After you have listed all 'related persons,' you must then also list all other business relationships.

Business Relationship - 1 (if applicable)

Type of company*	Legal name*	Operating name*

Description of Business Relationship

Type (e.g., parent, subsidiary) *	Measure of control (E.g. securities, officers/directors, voting rights, general partners) *	Percentage of control (%) *

For persons already registered, required to register (but have not already done so), or intend to register under the Act.

Professional Contact Information

Work telephone number *	Work email address*		
Work address unit	Street number and name*		
City/Town*	Province/State*	Country*	Postal code*

Company Details

Place of incorporation/establishment (province/state, Country)	Date of incorporation/establishment (yyyy/mm/dd)
Business number (assigned by the Canada Revenue Agency or equivalent agency)	Registry number (assigned by Nova Scotia Registry of Joint Stock Companies)

For persons identified as a 'Related Person' pursuant to the Regulation

CITSS entity ID (if already registered)	Jurisdiction of registration*	Holding limit (%)

Business Relationship - 2 (if applicable)

Type of company*	Legal name*	Operating name*

Description of Business Relationship

Type (e.g., parent, subsidiary) *	Measure of control (E.g. securities, officers/directors, voting rights, general partners) *	Percentage of control (%) *

For persons already registered, required to register (but have not already done so), or intend to register under the Act.

Professional Contact Information

Work telephone number *	Work email address*		
Work address unit	Street number and name*		
City/Town*	Province/State*	Country*	Postal code*

Company Details

Place of incorporation/establishment (province/state, Country)	Date of incorporation/establishment (yyyy/mm/dd)
Business number (assigned by the Canada Revenue Agency or equivalent agency)	Registry number (assigned by Nova Scotia Registry of Joint Stock Companies)

For persons identified as a 'Related Person' pursuant to the Regulation

CITSS entity ID (if already registered)	Jurisdiction of registration*	Holding limit (%)

Business Relationship - 3 (if applicable)

Type of company*	Legal name*	Operating name*

Description of Business Relationship

Type (e.g., parent, subsidiary) *	Measure of control (E.g. securities, officers/directors, voting rights, general partners) *	Percentage of control (%) *

For persons already registered, required to register (but have not already done so), or intend to register under the Act.

Professional Contact Information

Work telephone number *	Work email address*		
Work address unit	Street number and name*		
City/Town*	Province/State*	Country*	Postal code*

Company Details

Place of incorporation/establishment (province/state, Country)	Date of incorporation/establishment (yyyy/mm/dd)
Business number (assigned by the Canada Revenue Agency or equivalent agency)	Registry number (assigned by Nova Scotia Registry of Joint Stock Companies)

For persons identified as a 'Related Person' pursuant to the Regulation

CITSS entity ID (if already registered)	Jurisdiction of registration*	Holding limit (%)

Note: If you need additional space, please include an attachment with Section 5 details.



Business Relationship Diagram (required) – either attach a copy of the diagram to this form or click below to insert the diagram directly into the form.

Please provide a diagram representing the related persons and other business relationships that were disclosed in this section of the form in the table above. The diagram **must** include the percentages of control between the entities.

A large, empty rectangular box with a black border, intended for the user to draw or paste a Business Relationship Diagram. The box is currently blank.

Section 6 – Account Representatives Shared with Other

Please check the applicable box below. *

Does the Program Participant share CITSS account representatives with other Program Participants that are registered under the Regulations?

Yes

No

If **yes**, please disclose in the table below the account representative's name, CITSS user reference code and the details about the other Program Participant(s) that they also represent:

Account Representative's Information - 1		
First name	Last name	CITSS user reference code
Other Program Participant's Information		
Legal name of Program Participant	Operating name of Program Participant	
CITSS entity ID	Jurisdiction of registration	

Account Representative's Information - 2		
First name	Last name	CITSS user reference code
Other Program Participant's Information		
Legal name of Program Participant	Operating name of Program Participant	
CITSS entity ID	Jurisdiction of registration	

Account Representative's Information - 3		
First name	Last name	CITSS user reference code
Other Program Participant's Information		
Legal name of Program Participant	Operating name of Program Participant	



CITSS entity ID	Jurisdiction of registration

Note: If you need additional space, please include an attachment with Section 6 details.

Section 7 – Account Representatives Attestation

A designated primary account representative (PAR) or a designated alternate account representative (AAR) of the Program Participant who is submitting this Business Relationship Disclosure form must attest to the following: I certify that

1. I have been designated to act as the primary account representative or as an alternate account representative on behalf of the Program Participant for the purpose of Nova Scotia's Cap-and-Trade Program Regulations;
2. I have personally examined, and am familiar with, the statements and information submitted in this document and all its attachments;
3. I certify that the statements and information submitted to Nova Scotia Environment are true, accurate, and complete; and
4. I am aware that it is an offence under the *Environment Act 1994-95* and Nova Scotia's Cap-and-Trade Program Regulations to submit false statements and information or to omit mandatory statements and information.

Please indicate whether you have been designated as the PAR or an AAR of the Program Participant:

PAR

AAR

CITSS user reference code*	
First name*	Last name*
Signature*	Date (yyyy/mm/dd)*

Print a hard copy and save a digital copy