

# REFUND REQUEST FOR ALBERTA FILING FEES



## Refund Instructions:

This form can only be used to request a refund of fees paid to the Alberta Securities Commission. Please send the completed refund request form by mail or email to:

Mail: Alberta Securities Commission  
Suite 600, 250- 5<sup>th</sup> Street SW  
Calgary, AB, Canada T2P 0R4

Email: [accounts.receivable@asc.ca](mailto:accounts.receivable@asc.ca)

We will review and process all requests within 60 days. Upon approval, a cheque or direct deposit payment will be issued in Canadian dollars. To enroll for direct deposit, please fill out the attached Electronic Payment Information Sheet. All questions regarding refunds can be directed to Accounts Receivable via email at [accounts.receivable@asc.ca](mailto:accounts.receivable@asc.ca).

## Refund Details:

Issuer name: \_\_\_\_\_

SEDAR+ filing number (if applicable): \_\_\_\_\_

Filing Type:

Prospectus          Annual Financial Statements          Report of Exempt Distribution

Other: please specify \_\_\_\_\_

Date of Filing: (MM/DD/YYYY) \_\_\_\_\_

## Reason for Refund Request (Please check the applicable type and give a brief description):

Check	Type	Comments
<input type="checkbox"/>	Overpayment of fees	
<input type="checkbox"/>	Fees not required	
<input type="checkbox"/>	Duplicate fees	
<input type="checkbox"/>	Other: please specify	

Amount Paid:

Amount Required:

Refund Amount Requested:

## Refund should be made payable to:

Name: _____
Mailing Address: _____
City/Town: _____ Province/Territory: _____ Postal Code: _____
Contact phone number: _____ Email: _____

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**For ASC Use Only**

Approval: \_\_\_\_\_ Date: \_\_\_\_\_



Alberta Securities Commission

**ELECTRONIC PAYMENT INFORMATION SHEET**

Your Company Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please attach a copy of a voided cheque or deposit slip and return to my attention at the information above (fax, mail, e-mail to the attention of Financial Services).**

**Remittance Advice Option (check one):**

- I do not require a remittance advice
- I do require a remittance advice sent to the contact name below:

Contact Name:	_____
Title/Position:	_____
Phone:	_____
Fax:	_____
Email:	_____
Signature _____	Date _____

**Please return to the Financial Services Division ([accounts.receivable@asc.ca](mailto:accounts.receivable@asc.ca)).**

THIS MESSAGE IS INTENDED ONLY FOR THE USE OF THE ADDRESSEE AND MAY CONTAIN INFORMATION THAT IS PRIVILEGED AND CONFIDENTIAL. If you are not the intended recipient, you are hereby notified that any dissemination of this communication is strictly prohibited. If you have received this communication in error or have not received all the pages, please call the ASC Finance Department immediately at the number stated below.