



Please email this form to invest@mfa.bc.ca

Participant Information

Participant Name: _____

Participant Address: _____

Contact Person: _____

Contact Email: _____

Account Number _____ Transit Number 00090 _____ - _____

Step 1: Transfer of tokens

Table with 4 columns: User Name, Email, Telephone No., Mirror Existing User

Step 2: Replace a lost token

Table with 4 columns: User Name, Email, Telephone No., Mirror Existing User

Step 2: Removal of Token User

Table with 4 columns: User Name, Email, Telephone No., Mirror Existing User

Step 3: Authorization

Signature: _____ Signature: _____

Print Name: _____ Print Name: _____

MFABC Authorization

Signature: _____ Signature: _____

Print Name: _____ Print Name: _____

Title: _____ Title: _____