



**FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY  
PERSONAL INFORMATION AND PROTECTION**

**CHANGE OF INFORMATION REQUEST  
D.A.G Investments Ltd.**

YOUR NAME				
LAST NAME	FIRST NAME	MIDDLE NAME	O P T I O N A L	<input type="checkbox"/> MISS <input type="checkbox"/> MS. <input type="checkbox"/> MRS. <input type="checkbox"/> MR.

YOUR ADDRESS			
STREET, APARTMENT NO., P.O. BOX, R.R. NO.	CITY/TOWN	PROVINCE/COUNTRY	POSTAL CODE

YOUR TELEPHONE/FAX NUMBER(S)			
DAY PHONE NO. ( )	ALTERNATE PHONE NO. ( )	DAY FAX NO. ( )	EMAIL

DETAILS OF CHANGE OF INFORMATION	
LIST ALL OF THE INFORMATION YOU WISH TO CHANGE. ATTACH A SEPARATE SHEET IF THE SPACE BELOW IS NOT SUFFICIENT AND NUMBER IT HERE.....TOTAL PAGES ATTACHED _____.	PLEASE SPECIFY ANY REFERENCE OR FILE NUMBER(S) IF KNOWN

IS THIS REQUEST IS BEING MADE TO ACCESS AND CHANGE YOUR OWN PERSONAL INFORMATION ONLY?     YES       NO

PRINT NAME	YOUR SIGNATURE	DATE SIGNED YR      MO      DAY
------------	----------------	------------------------------------

YOU MAY MAKE A REQUEST FOR A CHANGE OF INFORMATION WITHOUT USING THIS FORM, PROVIDED YOU DO SO IN WRITING.  
PERSONAL INFORMATION CONTAINED ON THIS FORM IS COLLECTED UNDER *THE FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT* AND WILL BE USED ONLY FOR THE PURPOSE OF RESPONDING TO YOUR REQUEST.

**OFFICE USE ONLY DO NOT WRITE BELOW THIS LINE**

REQUEST NO.	DATE RECEIVED YR.             MO             DAY	NAME AND DEPARTMENT
REPLY	REPLY DATE YR.             MO             DAY	NAME AND DEPARTMENT

**CONTACT INFORMATION**

YOU MAY SUBMIT THIS FORM IN ONE OF THE FOLLOWING WAYS:

Address	11 - 8415 Granville Street Vancouver, BC V6P 4Z9
Telephone	+1.250.374.2779
Email	daginvestments07@gmail.com