



FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY

**ACCESS 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 REQUESTED INFORMATION	
INFORMATION REQUESTED (PLEASE DESCRIBE THE RECORDS YOU ARE REQUESTING. BE AS SPECIFIC AS POSSIBLE. AS THIS WILL ASSIST THE REQUEST PROCESS. 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 YOUR OWN PERSONAL INFORMATION ONLY?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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PREFERRED METHOD OF ACCESS TO RECORDS <input type="checkbox"/> EXAMINE <input type="checkbox"/> RECEIVE COPY	YOUR SIGNATURE	DATE SIGNED YR MO DAY
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YOU MAY MAKE A REQUEST FOR ACCESS TO RECORDS 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:	
Mailing Address	11 - 8415 Granville Street Vancouver, BC V6P 4Z9
Phone	+1.250.374.2779
Email	daginvestments07@gmail.com