

Silver City Trading Corporation
Warranty Application for
Limited Extended Warranty Regarding Fair Market Value of Assets

Declaration Statement and Certificate:

I am applying for Limited Extended Warranty regarding Fair Market Value of Assets.

I certify that,

PROVINCIAL

NO - I have not received from any Provincial Tax Authority an Adverse Notice of Reassessment in respect of the donation under this application

YES - I have received from any Provincial Tax Authority an Adverse Notice of Reassessment in respect of the donation under this application

If YES,

I have submitted with this application the Provincial Adverse Notice of Reassessment and all of the required documents

FEDERAL

NO - I have not received from the CRA a Federal Adverse Notice of Reassessment in respect of the donation under this application.

YES - I have received from the CRA a Federal Adverse Notice of Reassessment in respect of the donation under this application.

If YES,

I have submitted with this application the Federal Adverse Notice of Reassessment and all of the required documents

Applicants Full Name (Print)

Applicant Signature

Date

665 Millway Avenue, Unit 38
Concord, Ontario L4K 3T8
Tel: 905 660 3777 Fax: 905 660 7496

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FMV of Donation in 2002

Warranty Fee (6% of above)

GST (6% * of Warranty Fee)

Total

Down Payment (of Total) ¹

3 Installments (20% of Total) ²

Applicant's Signature

Applicant's Full Name (Print)

Date:

VISA ³ MasterCard ³ Cheque ⁴

Street Address

Credit Card Number

Town/City of Residence Province

Month Year
Expiry Date

Postal Code Telephone

¹ The first payment will be processed the day the application is signed,

² The subsequent 4 monthly payments will be processed on the 15th of each month

³ Credit card payments will be processed by Rentgard

⁴ Cheques are to be made payable to Rent Shield Canada Ltd.

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PERSONAL INFORMATION EXTENDED WARRANTY CONSENT

As part of my application for extended warranty protection, I hereby consent to PAC Protection Assurance Corporation (“PAC”) and Silver City Trading Corporation (“SCTC”) collecting, using and disclosing my personal information which is required for the purposes of approving my extended warranty application, administering the protection program, handling all necessary matters involving any potential reassessment of my charitable donation receipts, and legal or regulatory requirements. SCTC may also disclose such information to its insurers, and their insurance brokers, professional advisors or, other agents or independent contractors working on their behalf (“Insurers”) and the Insurers may collect, use and disclose such information for the purposes of: (i) SCTC’s coverage obligations under its insurance policy; (ii) processing, administering and otherwise handling any claims under the extended warranty; and (iii) any reassessment matters, including any objections to such reassessment, possible court proceedings or other dealings with tax authorities.

I understand that the Insurers will not hold, use or disclose my personal information except for the purpose set forth in this consent unless a further consent is obtained from me. I understand that a file, containing my personal information is maintained by Robert Wilson and will be held at 665 Millway Avenue, Unit 38, Concord, Ontario L4K 3T8. I have a general right to have access to my personal information and to rectify any personal information in the file that may be obsolete, incomplete or incorrect, by writing to PAC Protection Assurance Corporation or Silver City Trading Corporation, attention: Robert Wilson, Privacy Officer. The employees whose duties are related to the purposes of this consent and the Insurers specified in this consent have access to parts of my file necessary for the above purposes.

I understand that during the term of the warranty program (including any ongoing reassessment matters) for the purpose of administering the warranty and handling all necessary reassessment matters, I may not withdraw my consent to the ongoing collection, use or disclosure of my personal information by SCTC or the Insurer, in connection with the warranty arrangements I have made.

I agree that all personal information that I provide SCTC, PAC or the Insurer will be complete and accurate.

Signature

Full Name (Print)

Date

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