



RELATED PARTY TRANSACTION FORM

CONVERGENT AND EXPERIMENTAL STREAM

ALL PROGRAMS

Title of project::_____

CMF File No.::_____

Applicant Production Company::_____

Fiscal Year of Application: _____

CMF Application Program: _____

List ALL Related Party costs estimated at Phase I and all actual costs at Phase II/Final Cost.

A separate Related Party Transactions Form must be completed for each Television and Digital Media Component(s).

If more space is needed, please use page 2.

PHASE I (The section PHASE I must be completed at time of deposit.)						FINAL COST (At final cost, please use the same form submitted at Phase I and complete the Final Cost Section.)	
NAME OF RELATED PARTY OF IN INDIVIDUAL (Please name individuals for any labour categories)	RELATED PARTY REFERENCE NUMBER*	MEASURE-MENT BASIS (Actual Flow-Through Cost or Fair Value)	BUDGET ACCOUNT	DESCRIPTION OF BUDGET ACCOUNT	PHASE I BUDGET AMOUNT (\$)	PHASE II FINAL COST AMOUNT (\$)	VARIANCE EXPLANATION
TOTAL							

[illegible]

PLEASE CONSULT SECTION 2.1 OF APPENDIX B FOR RELATED PARTIES DEFINITIONS, EXPLANATIONS AND EXAMPLES.

<i>*Refer to the legend below to identify what type of related party transaction you are listing.</i>	
LEGEND	
REFERENCE TABLE FOR TYPES OF RELATED PARTIES	REFERENCE NUMBER
Parent or Applicant Company	1
Subsidiary	2
Companies under common control	3
Shareholders of Parent Company	4
Shareholders of Subsidiary	5
Members of close family (please see ARR for definitions of “close family”)	6
Management and/or employees of Parent Company	7
Management and/or employees of Subsidiary	8
Broadcaster affiliated to the Applicant (excluding Broadcaster’s services)	9
Significant Influence	10

I certify that all the information provided is accurate and complete and that there is no omission of important information.

Signature: _____
I am duly authorized

Name: _____
Please print

Title: _____

Date : _____
(YYYY/MM/DD)

Signature: _____
I am duly authorized

Name: _____
Please print

Title: _____

Date: _____
(YYYY/MM/DD)