

This Notice and Direction replaces the Notice and Direction dated

**NOTICE AND DIRECTION AMENDMENT - TV COMPONENT**

To: Canada Media Fund / Fonds des médias du Canada (the "CMF")  
 From: (the "Applicant")  
 Re: Financing Agreement # the ("Financing Agreement")

This Notice and Direction is made in respect of the Financing Agreement between the CMF and the Applicant further described as follows:

Date of CMF Financing Agreement:  
 Date of CMF Amendment Agreement(s):  
 Title of the TV Component of the Project:  
 Total CMF Contribution (the "Contribution"):

Licence Fee Contribution:	Payable or paid to Applicant (X)	Payable or paid to Bank (X)
Equity Investment:		
Phase I Payment:		
Phase I top-up (if applicable)		
Rough Cut Payment (if applicable):		
Rough Cut top-up (if applicable)		
Phase II Payment:		

TAKE NOTICE THAT the Applicant has entered into a loan agreement (the "Loan Agreement") dated as of \_\_\_\_\_ with \_\_\_\_\_ (the "Bank") to finance production of the TV Component, which Loan Agreement requires that all or a portion of the Contribution that may become due to the Applicant in an amount equal to \_\_\_\_\_ (the "Assigned Amount") must be assigned to the Bank. The Applicant acknowledges that \_\_\_\_\_ has already been paid by the CMF to the Bank.

The CMF is hereby irrevocably authorized and directed to pay directly to the Bank, if, and when due by the CMF, the amounts payable on account of the Contribution, as determined by the CMF, to a maximum amount equal to the Assigned Amount. This Notice and Direction shall be your good and sufficient authority for making the above payment to the Bank, which payment should be made to the Bank at the following address, or such other address as the Bank may in writing direct:

Attention:

Tel: \_\_\_\_\_ Email: \_\_\_\_\_

Dated at \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 202\_\_\_\_\_

Per: \_\_\_\_\_ Per: \_\_\_\_\_  
 Authorized signatory for the Applicant Authorized signatory for the Applicant

Name:	Name:
Title:	Title:
Applicant:	Applicant:

**PLEASE COMPLETE AND RETURN THIS FORM TO YOUR ANALYST  
 AT THE CMF PROGRAM ADMINISTRATOR | TELEFILM CANADA**