



Referral Agent Documentation Request Form

Please note: this form is to be completed by Approved Referral Agents only.

Referral Agent Name (Individual or Corporation): _____

Today's Date: _____

<p>Ship to:</p> <p><input type="checkbox"/> e-mail address on file. (I am requesting the electronic documents.)</p> <p><input type="checkbox"/> Address on file</p> <p><input type="checkbox"/> This address: _____ _____ _____ _____</p>	<p>Ship timing (for hard copies only):</p> <p><input type="checkbox"/> Ship now (please allow 3-7 days for delivery)</p> <p><input type="checkbox"/> Ship at a later date. Specify date for <u>delivery</u>: _____</p> <p><input type="checkbox"/> Urgent Specify date for <u>delivery</u>: _____</p>
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Name of Offering: Clear Vistas Community #1 L.P. (cash only) Clear Vistas Capital Corporation (RSP & TFSA eligible)

Send Package [all related documents for the above Offering(s)] Quantity : _____

Or

Send specific documents only: (Please keep in mind that any potential investor must be presented with all documentation, including the entire Offering Memorandum, per Securities Regulations, in order to make an informed decision.)

Document	Quantity
<input type="checkbox"/> Offering Memorandum	_____
<input type="checkbox"/> Subscription Forms	_____
<input type="checkbox"/> Request For An Offering Memorandum form	_____
<input type="checkbox"/> Marketing Materials (all)	_____
<input type="checkbox"/> Olympia Trust Company Forms (all)	_____
<input type="checkbox"/> Other (please specify:) _____	_____

Additional Information/Comments:

Please send completed form by Fax: (604) 630-0652
 or
Scan and e-mail: info@psfc.ca