

Quest University Canada Foundation
BIN 854947926 RR0001

DIRECTORS

(2007 - 2015)

Compiled by Vivian Krause

November 1, 2020

@FairQuestions

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Directors/Trustees Worksheet

Provide the last name, first name, and initial for each director/trustee and like official, home address (including street number, street name, city, province or territory and postal code), position in the charity, whether or not they were a director/trustee at the end of the fiscal period, telephone number, whether or not they are at arm's length from all other members of the charity's Board of Directors/Trustees and their date of birth. Only the "Public Information" section of the worksheet is made available to the public. The "Confidential Information" section is for CCRA's use only and remains confidential. See the guide for an explanation of the term arm's length.

Public Information			Confidential Information		
Last name: Strangway		First name: David	Initial:		
Position in charity: Director	Director/Trustee at year end?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
	Arm's length:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Last name: Ufford		First name: Peter	Initial:		
Position in charity: Director	Director/Trustee at year end?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
	Arm's length:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Last name: Smith		First name: Ross	Initial:		
Position in charity: Director	Director/Trustee at year end?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
	Arm's length:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Last name:		First name:	Initial:		Street number and name:
Position in charity:	Director/Trustee at year end?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Province or territory:	Postal Code:	Telephone number:
	Arm's length:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of birth:		
Last name:		First name:	Initial:		Street number and name:
Position in charity:	Director/Trustee at year end?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Province or territory:	Postal Code:	Telephone number:
	Arm's length:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of birth:		
Last name:		First name:	Initial:		Street number and name:
Position in charity:	Director/Trustee at year end?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Province or territory:	Postal Code:	Telephone number:
	Arm's length:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Date of birth:		
Last name:		First name:	Initial:		Street number and name:
Position in charity:	Director/Trustee at year end?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Province or territory:	Postal Code:	Telephone number:
	Arm's length:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of birth:		
Last name:		First name:	Initial:		Street number and name:
Position in charity:	Director/Trustee at year end?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Province or territory:	Postal Code:	Telephone number:
	Arm's length:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of birth:		
Last name:		First name:	Initial:		Street number and name:
Position in charity:	Director/Trustee at year end?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Province or territory:	Postal Code:	Telephone number:
	Arm's length:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of birth:		
Last name:		First name:	Initial:		Street number and name:
Position in charity:	Director/Trustee at year end?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Province or territory:	Postal Code:	Telephone number:
	Arm's length:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of birth:		



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Directors/Trustees Worksheet

Provide the last name, first name, and initial for each director/trustee and like official, home address (including street number, street name, city, province or territory and postal code), position in the charity, whether or not they were a director/trustee at the end of the fiscal period, telephone number, whether or not they are at arm's length from all other members of the charity's Board of Directors/Trustees and their date of birth. Only the "Public information" section of the worksheet is made available to the public. The "Confidential information" section is for CCRA's use only and remains confidential. See the guide for an explanation of the term arm's length.

Public information			Confidential information		
Last name:	First name:	Initial:			
Cohn	James	M			
Position in charity:	Director/Trustee at year end?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
director	Arm's length:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Last name:	First name:	Initial:			
Savjord	Toran				
Position in charity:	Director/Trustee at year end?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
director	Arm's length:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Last name:	First name:	Initial:			
Helfand	David				
Position in charity:	Director/Trustee at year end?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
director	Arm's length:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Last name:	First name:	Initial:	Street number and name:	City:	
Position in charity:	Director/Trustee at year end?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Province or territory:	Postal code:	Telephone number:
	Arm's length:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of birth:	() -	
Last name:	First name:	Initial:	Street number and name:	City:	
Position in charity:	Director/Trustee at year end?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Province or territory:	Postal code:	Telephone number:
	Arm's length:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of birth:	() -	
Last name:	First name:	Initial:	Street number and name:	City:	
Position in charity:	Director/Trustee at year end?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Province or territory:	Postal code:	Telephone number:
	Arm's length:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of birth:	() -	
Last name:	First name:	Initial:	Street number and name:	City:	
Position in charity:	Director/Trustee at year end?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Province or territory:	Postal code:	Telephone number:
	Arm's length:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of birth:	() -	
Last name:	First name:	Initial:	Street number and name:	City:	
Position in charity:	Director/Trustee at year end?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Province or territory:	Postal code:	Telephone number:
	Arm's length:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of birth:	() -	
Last name:	First name:	Initial:	Street number and name:	City:	
Position in charity:	Director/Trustee at year end?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Province or territory:	Postal code:	Telephone number:
	Arm's length:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of birth:	() -	
Last name:	First name:	Initial:	Street number and name:	City:	
Position in charity:	Director/Trustee at year end?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Province or territory:	Postal code:	Telephone number:
	Arm's length:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of birth:	() -	



Directors/Trustees and Like Officials Worksheet

Enter the prescribed information for each director/trustee and like official of the ch Agency makes the public information section on this worksheet available to the pu confidential data, may be shared as permitted by law (e.g. with certain other gove... for an explanation of terms used.

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Total Number of Directors/Trustees and Like Officials:

Public information			Confidential Data		
Last name:	First name:	Initial:			
Cohn	James	M			
Director/Trustee/Like Officials Term ▶					
Start Date:	End Date:				
2009/02/13					
Position:	At arm's length with other Directors, etc.?				
director	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Last name:	First name:	Initial:			
Savjord	Toran				
Director/Trustee/Like Officials Term ▶					
Start Date:	End Date:				
2009/02/13					
Position:	At arm's length with other Directors, etc.?				
director	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Last name:	First name:	Initial:			
Helfand	David				
Director/Trustee/Like Officials Term ▶					
Start Date:	End Date:				
2009/02/13					
Position:	At arm's length with other Directors, etc.?				
director	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Last name:	First name:	Initial:	Home address – Street number and name:		
Director/Trustee/Like Officials Term ▶			City: Prov/Terr: Postal code:		
Start Date:	End Date:		Telephone number: Date of Birth		
			() - (mandatory for identification):		
Position:	At arm's length with other Directors, etc.?				
	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Last name:	First name:	Initial:	Home address – Street number and name:		
Director/Trustee/Like Officials Term ▶			City: Prov/Terr: Postal code:		
Start Date:	End Date:		Telephone number: Date of Birth		
			() - (mandatory for identification):		
Position:	At arm's length with other Directors, etc.?				
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Last name:	First name:	Initial:	Home address – Street number and name:		
Director/Trustee/Like Officials Term ▶			City: Prov/Terr: Postal code:		
Start Date:	End Date:		Telephone number: Date of Birth		
			() - (mandatory for identification):		
Position:	At arm's length with other Directors, etc.?				
	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Last name:	First name:	Initial:	Home address – Street number and name:		
Director/Trustee/Like Officials Term ▶			City: Prov/Terr: Postal code:		
Start Date:	End Date:		Telephone number: Date of Birth		
			() - (mandatory for identification):		
Position:	At arm's length with other Directors, etc.?				
	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Last name:	First name:	Initial:	Home address – Street number and name:		
Director/Trustee/Like Officials Term ▶			City: Prov/Terr: Postal code:		
Start Date:	End Date:		Telephone number: Date of Birth		
			() - (mandatory for identification):		
Position:	At arm's length with other Directors, etc.?				
	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Last name:	First name:	Initial:	Home address – Street number and name:		
Director/Trustee/Like Officials Term ▶			City: Prov/Terr: Postal code:		
Start Date:	End Date:		Telephone number: Date of Birth		
			() - (mandatory for identification):		
Position:	At arm's length with other Directors, etc.?				
	<input type="checkbox"/> Yes <input type="checkbox"/> No				



Directors/Trustees and Like Officials Worksheet

Enter the prescribed information for each director/trustee and like official of the charity's board of directors/trustees. The Canada Revenue Agency makes the public information section on this worksheet available to the public. All of the information collected on this form, including the confidential data, may be shared as permitted by law (e.g. with certain other government departments and agencies). See the reverse of this form for an explanation of terms used.

Total Number of Directors/Trustees and Like Officials:

Public information			Confidential Data		
Last name:	First name:	Initial:			
Cohn	James	M			
Director/Trustee/Like Officials Term ▶					
Start Date:	End Date:				
2009/02/13					
Position:	At arm's length with other Directors, etc.?				
director	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Last name:	First name:	Initial:			
Savjord	Toran				
Director/Trustee/Like Officials Term ▶					
Start Date:	End Date:				
2009/02/13					
Position:	At arm's length with other Directors, etc.?				
director	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Last name:	First name:	Initial:			
Helfand	David				
Director/Trustee/Like Officials Term ▶					
Start Date:	End Date:				
2009/02/13					
Position:	At arm's length with other Directors, etc.?				
director	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Last name:	First name:	Initial:	Home address – Street number and name:		
Director/Trustee/Like Officials Term ▶			City:	Prov/Terr:	Postal code:
Start Date:	End Date:				
Position:	At arm's length with other Directors, etc.?		Telephone number:	Date of Birth	
	<input type="checkbox"/> Yes <input type="checkbox"/> No		() -	(mandatory for identification):	
Last name:	First name:	Initial:	Home address – Street number and name:		
Director/Trustee/Like Officials Term ▶			City:	Prov/Terr:	Postal code:
Start Date:	End Date:				
Position:	At arm's length with other Directors, etc.?		Telephone number:	Date of Birth	
	<input type="checkbox"/> Yes <input type="checkbox"/> No		() -	(mandatory for identification):	
Last name:	First name:	Initial:	Home address – Street number and name:		
Director/Trustee/Like Officials Term ▶			City:	Prov/Terr:	Postal code:
Start Date:	End Date:				
Position:	At arm's length with other Directors, etc.?		Telephone number:	Date of Birth	
	<input type="checkbox"/> Yes <input type="checkbox"/> No		() -	(mandatory for identification):	
Last name:	First name:	Initial:	Home address – Street number and name:		
Director/Trustee/Like Officials Term ▶			City:	Prov/Terr:	Postal code:
Start Date:	End Date:				
Position:	At arm's length with other Directors, etc.?		Telephone number:	Date of Birth	
	<input type="checkbox"/> Yes <input type="checkbox"/> No		() -	(mandatory for identification):	
Last name:	First name:	Initial:	Home address – Street number and name:		
Director/Trustee/Like Officials Term ▶			City:	Prov/Terr:	Postal code:
Start Date:	End Date:				
Position:	At arm's length with other Directors, etc.?		Telephone number:	Date of Birth	
	<input type="checkbox"/> Yes <input type="checkbox"/> No		() -	(mandatory for identification):	
Last name:	First name:	Initial:	Home address – Street number and name:		
Director/Trustee/Like Officials Term ▶			City:	Prov/Terr:	Postal code:
Start Date:	End Date:				
Position:	At arm's length with other Directors, etc.?		Telephone number:	Date of Birth	
	<input type="checkbox"/> Yes <input type="checkbox"/> No		() -	(mandatory for identification):	



Directors/Trustees and Like Officials Worksheet



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Enter the prescribed information for each director/trustee and like official of the charity's board of directors/trustees. The Canada Revenue Agency information is available to the public. All of the information collected on this form, including the confidential data, may be shared as permitted by law (e.g. with other government departments). See the reverse of this form for an explanation of terms used.

Total Number of Directors/Trustees and Like Officials: 3

Public Information	Confidential Data
Last name: Cohn First name: James Initial: M	
Director/Trustee/Like Officials Term ▶ Start Date: 2009/02/13 End Date:	
Position: Director At arm's length with other Directors, etc.? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Last name: Helfand First name: David Initial:	
Director/Trustee/Like Officials Term ▶ Start Date: 2009/02/13 End Date:	
Position: Director At arm's length with other Directors, etc.? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Last name: Savjord First name: Toran Initial:	
Director/Trustee/Like Officials Term ▶ Start Date: 2009/02/13 End Date:	
Position: Director At arm's length with other Directors, etc.? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Last name: First name: Initial:	
Director/Trustee/Like Officials Term ▶ Start Date: End Date:	
Position: At arm's length with other Directors, etc.? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Home address – Street number and name:	
City: Prov/Terr: Postal Code:	
Telephone Number: Date of Birth (mandatory for identification):	
Last name: First name: Initial:	
Director/Trustee/Like Officials Term ▶ Start Date: End Date:	
Position: At arm's length with other Directors, etc.? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Home address – Street number and name:	
City: Prov/Terr: Postal Code:	
Telephone Number: Date of Birth (mandatory for identification):	
Last name: First name: Initial:	
Director/Trustee/Like Officials Term ▶ Start Date: End Date:	
Position: At arm's length with other Directors, etc.? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Home address – Street number and name:	
City: Prov/Terr: Postal Code:	
Telephone Number: Date of Birth (mandatory for identification):	
Last name: First name: Initial:	
Director/Trustee/Like Officials Term ▶ Start Date: End Date:	
Position: At arm's length with other Directors, etc.? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Home address – Street number and name:	
City: Prov/Terr: Postal Code:	
Telephone Number: Date of Birth (mandatory for identification):	
Last name: First name: Initial:	
Director/Trustee/Like Officials Term ▶ Start Date: End Date:	
Position: At arm's length with other Directors, etc.? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Home address – Street number and name:	
City: Prov/Terr: Postal Code:	
Telephone Number: Date of Birth (mandatory for identification):	
Last name: First name: Initial:	
Director/Trustee/Like Officials Term ▶ Start Date: End Date:	
Position: At arm's length with other Directors, etc.? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Home address – Street number and name:	
City: Prov/Terr: Postal Code:	
Telephone Number: Date of Birth (mandatory for identification):	



Enter the prescribed information for each director/trustee and like official of the charity's board of directors/trustees. The Canada Revenue Agency available to the public. All of the information collected on this form, including the confidential data, may be shared as permitted by law (e.g. with See the reverse of this form for an explanation of terms used.

Total Number of Directors/Trustees and Like Officials: 3

Public Information				Confidential Data			
Last name: Cohn		First name: James		Initial: M			
Director/Trustee/Like Officials Term ▶ Start Date: 2009/02/13		End Date:					
Position: Director		At arm's length with other Directors, etc.? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Last name: Helfand		First name: David		Initial:			
Director/Trustee/Like Officials Term ▶ Start Date: 2009/02/13		End Date:					
Position: Director		At arm's length with other Directors, etc.? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Last name: Savjord		First name: Toran		Initial:			
Director/Trustee/Like Officials Term ▶ Start Date: 2009/02/13		End Date:					
Position: Director		At arm's length with other Directors, etc.? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Last name:		First name:		Initial:		Home address – Street number and name:	
Director/Trustee/Like Officials Term ▶ Start Date:		End Date:		City:		Prov/Terr:	Postal Code:
Position:		At arm's length with other Directors, etc.? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Telephone Number:		Date of Birth (mandatory for identification):	
Last name:		First name:		Initial:		Home address – Street number and name:	
Director/Trustee/Like Officials Term ▶ Start Date:		End Date:		City:		Prov/Terr:	Postal Code:
Position:		At arm's length with other Directors, etc.? <input type="checkbox"/> Yes <input type="checkbox"/> No		Telephone Number:		Date of Birth (mandatory for identification):	
Last name:		First name:		Initial:		Home address – Street number and name:	
Director/Trustee/Like Officials Term ▶ Start Date:		End Date:		City:		Prov/Terr:	Postal Code:
Position:		At arm's length with other Directors, etc.? <input type="checkbox"/> Yes <input type="checkbox"/> No		Telephone Number:		Date of Birth (mandatory for identification):	
Last name:		First name:		Initial:		Home address – Street number and name:	
Director/Trustee/Like Officials Term ▶ Start Date:		End Date:		City:		Prov/Terr:	Postal Code:
Position:		At arm's length with other Directors, etc.? <input type="checkbox"/> Yes <input type="checkbox"/> No		Telephone Number:		Date of Birth (mandatory for identification):	
Last name:		First name:		Initial:		Home address – Street number and name:	
Director/Trustee/Like Officials Term ▶ Start Date:		End Date:		City:		Prov/Terr:	Postal Code:
Position:		At arm's length with other Directors, etc.? <input type="checkbox"/> Yes <input type="checkbox"/> No		Telephone Number:		Date of Birth (mandatory for identification):	

Directors/Trustees and Like Officials Worksheet



You must give us complete information for each director/trustee and like official who, at any time during the fiscal period of this return, was a m and like officials are persons who govern a registered charity. See the reverse for information on filling out this form.

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Total number of directors/trustees and like officials: 3 4

Public information	Confidential data
Last name: Helfand First name: David Initial: _____ Term ▶ Start date (Y/M/D): 2 0 0 9 0 2 1 3 End date (Y/M/D): _____ Position: Director At arm's length with other Directors? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	[Redacted Confidential Data]
Last name: Koenderman First name: Melanie Initial: _____ Term ▶ Start date (Y/M/D): 2 0 1 3 0 1 1 4 End date (Y/M/D): _____ Position: Director At arm's length with other Directors? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Last name: Savjord First name: Toran Initial: _____ Term ▶ Start date (Y/M/D): 2 0 0 9 0 2 1 3 End date (Y/M/D): _____ Position: Director At arm's length with other Directors? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Last name: Cohn First name: James Initial: _____ Term ▶ Start date (Y/M/D): 2 0 0 9 0 2 1 3 End date (Y/M/D): 2 0 1 3 0 1 1 4 Position: Director At arm's length with other Directors? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Last name: _____ First name: _____ Initial: _____ Term ▶ Start date (Y/M/D): _____ End date (Y/M/D): _____ Position: _____ At arm's length with other Directors? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Last name: _____ First name: _____ Initial: _____ Term ▶ Start date (Y/M/D): _____ End date (Y/M/D): _____ Position: _____ At arm's length with other Directors? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Last name: _____ First name: _____ Initial: _____ Term ▶ Start date (Y/M/D): _____ End date (Y/M/D): _____ Position: _____ At arm's length with other Directors? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Last name: _____ First name: _____ Initial: _____ Term ▶ Start date (Y/M/D): _____ End date (Y/M/D): _____ Position: _____ At arm's length with other Directors? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Last name: _____ First name: _____ Initial: _____ Term ▶ Start date (Y/M/D): _____ End date (Y/M/D): _____ Position: _____ At arm's length with other Directors? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Last name: _____ First name: _____ Initial: _____ Term ▶ Start date (Y/M/D): _____ End date (Y/M/D): _____ Position: _____ At arm's length with other Directors? <input type="checkbox"/> Yes <input type="checkbox"/> No	



Directors/Trustees and Like Officials Worksheet



You must give us complete information for each director/trustee and like official who, at any time during the fiscal period of this return, was a member or trustee of a registered charity. Directors and like officials are persons who govern a registered charity. See the reverse for information on filling out this form.

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Total number of directors/trustees and like officials:

Public information	Confidential data
Last name: Helfand First name: David Initial:	
Term ▶ Start date (Y/M/D): 2 0 0 9 0 2 1 3 End date (Y/M/D): 2 0 1 4 1 0 1 7	
Position: Director At arm's length with other Directors? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Last name: Koenderman First name: Melanie Initial:	
Term ▶ Start date (Y/M/D): 2 0 1 3 0 1 1 4 End date (Y/M/D): 2 0 1 4 1 0 1 7	
Position: Director At arm's length with other Directors? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Last name: Savjord First name: Toran Initial:	
Term ▶ Start date (Y/M/D): 2 0 0 9 0 2 1 3 End date (Y/M/D): 2 0 1 4 1 0 1 7	
Position: Director At arm's length with other Directors? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Last name: First name: Initial:	
Term ▶ Start date (Y/M/D): End date (Y/M/D):	
Position: At arm's length with other Directors? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Last name: First name: Initial:	
Term ▶ Start date (Y/M/D): End date (Y/M/D):	
Position: At arm's length with other Directors? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Last name: First name: Initial:	
Term ▶ Start date (Y/M/D): End date (Y/M/D):	
Position: At arm's length with other Directors? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Last name: First name: Initial:	
Term ▶ Start date (Y/M/D): End date (Y/M/D):	
Position: At arm's length with other Directors? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Last name: First name: Initial:	
Term ▶ Start date (Y/M/D): End date (Y/M/D):	
Position: At arm's length with other Directors? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Last name: First name: Initial:	
Term ▶ Start date (Y/M/D): End date (Y/M/D):	
Position: At arm's length with other Directors? <input type="checkbox"/> Yes <input type="checkbox"/> No	