

REQUEST FORM (CAE APPLICANT) - RETURN OF APPLICATION FEE

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Capitalized terms not defined herein have the meanings ascribed to them in the FIT Rules.

INSTRUCTIONS APPLICABLE TO ALL PRESCRIBED FORMS

1. The instruction page is not required to be submitted with the Prescribed Form.
2. The first page of the Prescribed Form must be marked with the FIT Reference Number associated with the Application.
3. Information provided in the Prescribed Form must be consistent with the information provided in the electronic Application Form.
4. Apart from the completion of any blanks, bullets or similar uncompleted information in the Prescribed Form, no amendments may be made to the wording of this Prescribed Form.
5. The Prescribed Form must be completed in its entirety and it must be signed by an authorized person. Fields marked 'optional' should be completed. Fields marked 'if applicable' must be completed if applicable to the Application. If not applicable, they should be marked "N/A".
6. All instructions within the Prescribed Form will be enclosed in brackets and italicized.

INSTRUCTIONS SPECIFIC TO THE PRESCRIBED FORM

7. This form shall be completed by a FIT Capacity Allocation Exempt ("CAE") Applicant requesting the return of their Application Fee from the FIT Program. By completing this form, the Applicant hereby requests the return of the Application Fee provided with the hardcopy submission of their FIT Application. The IESO endeavours to return the Application Fee to the Applicant within 20 Business Days of the IESO receiving a completed Request Form.
8. If the Project details required in Section 1 are unknown, the registered Primary Contact can find this information by logging into the My FIT Home Page.
9. When submitting a fee return request for multiple FIT Applications in which the Primary Contact details are the same, Exhibit A of this Prescribed Form must be attached identifying each FIT Reference Number and Application details. Persons that are the Primary Contact for a single FIT Application are not required to complete Exhibit A of this Prescribed Form.
10. The 'Submit by Email' function may be used at the bottom of the page to submit the Request Form directly to the IESO. Alternative submission options include submitting as an attachment to FIT@IESO.ca or printing the completed Request Form and mailing to the attention of the FIT Team at the IESO's office located at 120 Adelaide Street West, Suite 1600, Toronto, Ontario, M5H 1T1.
11. Any additional questions should be submitted to FIT@IESO.ca.

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1	PROJECT DETAILS	
	<p>NOTE: Where the Primary Contact has multiple Applications in which a fee return is required, Exhibit A of this form should be completed to include each <u>additional</u> FIT CAE Application.</p> <p>FIT Reference Number: _____</p>	<p>Applicant Legal Name: _____</p> <p>Project Name: _____</p>

Please Note: The Application Fee will be returned to the current Primary Contact mailing address as indicated on this Request Form.

2	CONTACT INFORMATION AS PROVIDED ON ORIGINAL FIT APPLICATION		
	<p>Primary Contact: _____</p> <p>Mailing Address: _____ City/Town: _____</p> <p>Province/State: _____ Country: _____ Postal/ZIP Code: _____</p> <p>Email: _____ Phone Number: _____ Ext: _____ Fax Number: _____</p>		
	<p>Select one: <input type="checkbox"/> a) The contact information provided in Section 2 is my current contact information. <i>(Please continue to Section 4)</i></p> <p><input type="checkbox"/> b) The contact information provided in Section 2 is NOT my current contact information. <i>(Section 3 must be completed)</i></p>		

3	CURRENT CONTACT INFORMATION <i>(Must be completed if (b) was selected in Section 2)</i>		
	<p>Primary Contact: _____</p> <p>Mailing Address: _____ City/Town: _____</p> <p>Province/State: _____ Country: _____ Postal/ZIP Code: _____</p> <p>Email: _____ Phone Number: _____ Ext: _____ Fax Number: _____</p>		

4	APPLICATION FEE	
	Amount of Application Fee provided (\$): _____	Form of Application Fee Provided: _____

5	SIGNATURE BLOCK
	<p><input type="checkbox"/> The Individual signing on behalf of Applicant has authority to bind the Applicant and hereby represents and warrants that the information contained in this Request Form is complete, true and accurate in all respects.</p> <p><input type="checkbox"/> The name entered below is intended to be an electronic signature of the signatory and may be relied upon by the IESO as such for the purposes of binding the Applicant.</p> <p>Name: _____</p> <p>Title: _____ Date: _____</p>

FOR IESO APPROVAL- INTERNAL USE ONLY	
Received by:	
Date:	
Processed by:	
Date:	
Manager:	
Date:	

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EXHIBIT "A" ADDITIONAL FIT APPLICATIONS

Please Note: If there are more than 6 FIT CAE Applications, please use an additional Exhibit A, as required, and mark the page number at the bottom.

FIT Reference Number: _____
 Applicant Legal Name: _____
 Project Name: _____
 Application Fee Amount (\$): _____ Application Fee Form: _____

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 Applicant Legal Name: _____
 Project Name: _____
 Application Fee Amount (\$): _____ Application Fee Form: _____

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