SUN PEAKS RESORT CORPORATION ("Sun Peaks")

REQUEST FOR CORRECTION OF PERSONAL INFORMATION (NON-EMPLOYEES)

IF YOU NEED ASSISTANCE IN FILLING OUT THIS FORM, PLEASE CONTACT THE SUN PEAKS PRIVACY OFFICER AT THE LOCATION NOTED BELOW. THIS REQUEST FORM DOES NOT APPLY TO SUN PEAKS EMPLOYEES

PLEASE PRINT (Note: All fields marked * must be completed.)

PERSON WHO IS THE "SUBJECT" OF THE REQUESTED PERSONAL INFORMATION

NOTE: IF YOU HAVE PREVIOUSLY COMPLETED A REQUEST FOR ACCESS FORM, YOU MAY ATTACH A COPY INSTEAD OF FILLING OUT THIS SECTION

<table>
<thead>
<tr>
<th>Last Name*</th>
<th>First Name*</th>
<th>Middle Initial*</th>
</tr>
</thead>
</table>

Drivers License # (attach copy)*

Second Government ID (Health Card, Passport, Birth Certificate)*

Home Address* Street City/Town/Village Province Postal Code

Telephone Number *(daytime) Telephone Number (evening) Fax Number

Email Address

“REPRESENTATIVE” REQUESTING ACCESS – COMPLETE IF DIFFERENT FROM ABOVE

NOTE: IF YOU HAVE PREVIOUSLY COMPLETED A REQUEST FOR ACCESS FORM, YOU MAY ATTACH A COPY INSTEAD OF FILLING OUT THIS SECTION

<table>
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<tr>
<th>Last Name*</th>
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</tr>
</thead>
</table>

Drivers License # (attach copy)* Second Government ID (Health Card, Passport, Birth Certificate)*

Home Address* Street City/Town/Village Province Postal Code

Telephone Number (daytime)* Telephone Number (evening) Fax Number

Email Address

Proof of Authorization to be the Representative of the Subject (documents must be attached)*

Power of Attorney

Guardianship Appointment

Other specify

1. **Correspondence**: If the applicant is a Representative, correspondence will be sent to the Representative.

2. **What records do you want to Correct?** Please describe in as much detail as possible the Personal Information, including all previous names for the Subject, and the type of correction required. If insufficient detail is provided, Sun Peaks’ response to your request will be delayed.

3. **What is the time period of the records?** Please give specific dates to avoid delays in Sun Peaks’ response.
4. Reasons for Correction. Please provide details as to why you think there are errors or omissions in the Personal Information records.

5. What is the Subject’s current or past relationship with Sun Peaks? (e.g. customer, contractor, consultant, vendor, etc.)

Signature*  Date

Your signature above indicates:

(a) consent for Sun Peaks to use the information provided to confirm identification, to locate the requested personal information under Sun Peaks’ control, to evaluate the correction request, and to correct the inaccuracy or incompleteness of the requested information, and

(b) if you are a Representative, that you have been validly authorized to represent the Subject of the requested personal information and that you are able to provide the necessary consent to Sun Peaks to correct the inaccuracy or incompleteness of the requested information.

Normally, Sun Peaks will try to correct the inaccuracy or incompleteness within 30 days of receipt of your request. Where possible and appropriate, the amended information shall be transmitted to third parties having access to the information.

Sun Peaks shall amend the requested information only if you have identified yourself as the Subject or the authorized Representative, and successfully demonstrated the inaccuracy or incompleteness of the requested information to Sun Peaks’ satisfaction. If the correction request is not resolved to your satisfaction, Sun Peaks shall record the substance of the disagreement in its records, and where appropriate it shall advise third parties having access to the information of the existence of such disagreement.

For more information about our privacy practices see the Sun Peaks Privacy Policy.

Please submit your signed request including attached ID to the Sun Peaks Privacy Officer at:

Privacy Officer
Sun Peaks Resort Corporation
1280 Alpine Road
Sun Peaks, British Columbia, V0E 5N0
E-mail: privacy@sunpeaksresort.com

FOR OFFICE USE ONLY

Date Correction Request Received:  Location Received:
Identity (and Representation) Verified by:  Date:
Date of Response: