BANK CONFIRMATION

FINANCIAL INSTITUTION
§ (Name, branch and full mailing address)

Name: [redacted]

Branch:

Street

City, Province:

Postal Code:

CONFIRMATION DATE Feb 28, 2025

(All information to be provided as of this date)
(See Bank Confirmation completion instructions)

CLIENT § (Legal name)

PayTrie AB Inc

The financial institution is authorized to provide the details requested herein to the below noted firm of accountants.

Client's authorized signature

Please supply copy of the most recent credit facility agreement (initial if required)

☐ CFA Flag

1. LOANS AND OTHER DIRECT AND CONTINGENT LIABILITIES (If balances are nil, please state)

NATURE OF LIABILITY/ CONTINGENT LIABILITY †	INTEREST (Note rate per contract) RATE	DATE PAID TO	DUE DATE †	DATE OF CREDIT FACILITY AGREEMENT †	AMOUNT AND CURRENCY OUTSTANDING †	

ADDITIONAL CREDIT FACILITY AGREEMENT(S) †

Note the date(s) of any credit facility agreement(s) not drawn upon and not referenced above

Master Card:	'Authorized Amount'	'Outstanding Balance'	

2. DEPOSITS/OVERDRAFTS

TYPE OF ACCOUNT §	ACCOUNT NUMBER §	INTEREST RATE §	ISSUE DATE §	MATURITY DATE §	AMOUNT AND CURRENCY (Brackets if Overdraft) †	
Business Growth Plus	[redacted]9				516,961.19	CAD

EXCEPTIONS AND COMMENTS
(See Bank Confirmation completion instructions)

STATEMENT OF PROCEDURES PERFORMED BY FINANCIAL INSTITUTION

The above information was completed in accordance with the Bank Confirmation completion instructions.

Kori Thompson

Authorized signature of financial institution

[redacted]

BRANCH CONTACT - Name and telephone number

Please mail this form directly to our Chartered Accountant in the enclosed addressed envelope.

Name:

Address:

Telephone:

Fax:

Developed by the Canadian Bankers Association and the Canadian Institute of Chartered Accountants

(Areas to be completed by client are marked §, while those to be completed by the financial institutions are marked †)