FINANCIAL ELECTRONIC DATA INTERCHANGE INFORMATION

Your Company Name:_					
Address:					
City:	Province:		Postal Code:_		
Contact's Name:		Title/Po	sition		
Telephone Number		Fax Nur	mber:		
Email Address:					
Please attach a voided	•				
Address:	•				
City:					
Telephone:					
Account Information:					
Branch Number:	Bank Code:_		Account Number:		
(5 digit r	number) ((3 digit number)		(minimum of 7 digits)	
How would you like to re	eceive payment advic	e/details?			
E-mail					
No remittance advic	e necessary				
Signature:		Date:			
Please return the complete	ted form to the attention	on of Payabl	es, Gear Energy Ltd	l., Suite 2600, 240 4 th	

Pursuant to recent changes in various legislative acts regarding the collection and retention of personal information, please be advised that by providing the information requested herein, you have consented to its collection.

Avenue SW, Calgary AB, T2P 4H4, or by email to payables@gearenergy.com or fax to (403) 705-2660.