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ONTARIO ENERGY BOARD  
OFFICE OF THE BOARD SECRETARY

### Application for an Electricity Wholesaler Licence

For Office Use Only	
Application Number	EB-2009-0427
Date Received	Dec. 29 09

#### 1. The Applicant

Legal Name of the Applicant :

Name to Appear on Licence:

Indicate if same as above

If not the same as above, the name must include the legal name of the applicant and the legal name must appear first. The "Name to Appear on Licence" will appear on the notice and on the licence.

Date of formation or incorporation:

#### 2. Licence Primary Contact

(As a condition of licensing, the licensee shall designate a person who will act as primary contact with the Board on matters related to the licence.)

Mr. <input type="radio"/>	Mrs. <input checked="" type="radio"/>	Last Name	First Name	Initial
Miss <input type="radio"/>	Ms. <input type="radio"/>	Patchett	Kelly	A
Other <input type="radio"/>		Title/Position/Company		
		Accounting / Purchasing Manager, Novelis Inc		

Licence Primary Contact Address (if RR, give Lot, Concession No. and Township):

City	Province/State	Country	Postal/Zip Code
Kingston	Ontario	Canada	K7L 4Z5

Phone Number	Fax Number	E-mail Address
613-541-7068	613-541-7064	Kelly.patchett@novelis.com

*EB-2009-0427*

OEB BOARD SECRETARY	
File No:	Sub File: 1
Panel	
Licensing	<i>Adrian Pye</i>
Other	
00/04	<i>AS</i>

If the above address is not in Ontario, the applicant must also provide contact information for service purposes in the province of Ontario. Wholesalers whose offices are not located in Ontario may provide the address of an agent as the address of service.

Mr. <input type="radio"/> Miss <input type="radio"/> Other <input type="radio"/>	Mrs. <input type="radio"/> Ms. <input type="radio"/>	Last Name	First Name	Initial
		<input type="text"/>	<input type="text"/>	<input type="text"/>
		Title/Position/Company		
		<input type="text"/>		
Licence Primary Contact Address (if RR, give Lot, Concession No. and Township):				
<input type="text"/>				
City	Province/State	Country	Postal/Zip Code	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Phone Number	Fax Number	E-mail Address		
<input type="text"/>	<input type="text"/>	<input type="text"/>		

**3. Application Primary Contact**

Indicate if same as above. Proceed to section 4.

(The primary contact for the licence application may be a person within the applicant's organization other than the licence primary contact noted above. An applicant may also choose to designate a consultant, lawyer, etc. to be the primary contact for the licence application. The Board will communicate with this person during the course of the application but with the licence primary contact after a licence is issued.)

Mr. <input type="radio"/> Miss <input type="radio"/> Other <input type="radio"/>	Mrs. <input type="radio"/> Ms. <input type="radio"/>	Last Name	First Name	Initial
		<input type="text"/>	<input type="text"/>	<input type="text"/>
		Title/Position		
		<input type="text"/>		
		Company Name		
		<input type="text"/>		
Application Primary Contact Address (if RR, give Lot, Concession No. and Township):				
<input type="text"/>				
City	Province/State	Country	Postal/Zip Code	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Phone Number	Fax Number	E-mail Address		
<input type="text"/>	<input type="text"/>	<input type="text"/>		

**4. Application Type**

- New
- Renewal