ESOP STATEMENT

Share-Based Payment Valuation & Outstanding Options

PARTICIPANT INFORMATION

Employee Name:

Employee ID:

Email Address:

Department:

STATEMENT PERIOD & STATUS

Statement Date:

Reporting Period:

Plan Currency:

Status:

GRANT SUMMARY DETAIL

Grant Date:

Total Options Granted:

Grant Date Fair Value:

Option ID / Grant Number:

Exercise Price Per Share:

Expiry Date:

OPTION ACTIVITY & BALANCE SUMMARY

CATEGORY	NUMBER OF OPTIONS	EXERCISE PRICE	WEIGHTED AVG FAIR VALUE	AGGREGATE INTRINSIC VALUE
Outstanding at Start of Period				
Granted during the period				
Forfeited/Cancelled during the period				
Exercised during the period				
Expired during the period				
Outstanding at End of Period				
Vested and Exercisable at End of Period				

VESTING SCHEDULE DETAILS

TRANCHE / VESTING DATE	PERCENT VESTING (%)	OPTIONS VESTING	STATUS (VESTED/UNVESTED)

Authorized Company Representative

Employee/Participant Acknowledgment

This statement is issued pursuant to the terms and conditions of the Employee Stock Option Plan. This document is for informational purposes only. In the event of any discrepancy between this statement and the provisions of the actual Plan Document and Grant Agreement, the terms of the Plan Document and Grant Agreement shall control.