

Signing Guide Instructions for New Participants To the IAR Data Sharing Agreement (DSA)

1. To get started, your organization's Privacy and Security Lead can download the DSA from the CCIM website at:
[CCIM Website link to the IAR DSA document](#)
2. The Privacy and Security Lead should brief the HSP's senior management on the DSA.
3. The organization's signing authority or the individual who is authorized to bind the HSP, reviews and signs the DSA.
4. The signed DSA should be sent by registered mail to:

Attention: Integrated Assessment Record
CCIM
415 Yonge St 4th floor
Toronto ON M5B 2E7
5. Please note that CCIM requires a signed hard copy of the DSA. In cases where CCIM receives agreements that have incomplete or missing information, HSPs will be requested to re-complete and resend the agreement. As outlined in the sample diagram below, agreements must be completed with the Signing authority signature, contact information and Privacy Officer Contact information.
6. Please sign **Schedule D Form of Adhesion**. Please do not sign Schedule A or page 18 of the Agreement.

**SCHEDULE D
FORM OF ADHESION**

INSTRUMENT OF ADHESION dated this _____ day of _____, 201__ (the "**Adhesion date**") by <insert your organization's name> (the "**New Participant**") to the Integrated Assessment Record Data Sharing Agreement made as of 1st day of October, 2012 among the Parties, or as may prior hereto have entered into instruments of adhesion in respect thereof (the "**Agreement**").

NOW THEREFORE in consideration of being accepted as a party to the Agreement, the New Participant agrees with all present and future parties to the Agreement as follows:

1. The New Participant hereby agrees to comply with and be bound by all of the terms and conditions of the Agreement, as from the Adhesion Date, as if the New Participant were a signatory to the Agreement as a Participant subject to all of the obligations of Participants in this Agreement.
2. All capitalized terms used but not defined herein have the meaning set out in the Agreement.
3. The New Participant designates its <insert title of your organization's Primary Contact> as the Primary Contact.
4. The contact person, address and fax number for notice of the New Participant, unless and until changed in accordance with such section, is

<insert your organization's address>
 <insert your organization's contact person name>
 <insert your organization's telephone number>
 <insert your organization's fax number>
 <insert your organization's email address>

5. The Organization Privacy Officer is:

<insert your organization's Privacy Officer name>
 <insert your organization's Privacy Officer address>
 <insert your organization's Privacy Officer telephone number>
 <insert your organization's Privacy Officer fax number>
 <insert your organization's Privacy Officer email address>

<insert full legal name of your organization>

By: _____
I have authority to bind the Party

The foregoing Instrument is hereby accepted by the current Parties to the Agreement and the New Participant has accordingly become a Party to the Agreement, as of the Adhesion Date.