

FORM 55-102F6

INSIDER REPORT

(See instructions on the back of this report)

BOX 1. NAME OF THE REPORTING ISSUER (BLOCK LETTERS)

PACIFIC NORTH WEST CAPITAL CORP.

BOX 2. INSIDER DATA

RELATIONSHIP(S) TO REPORTING ISSUER

6 1 1 1 1 1

DATE OF LAST REPORT FILED

OR

CHANGE IN RELATIONSHIP FROM LAST REPORT

YES

NO

DATE ON WHICH YOU BECAME AN ISSUER

DAY / MONTH / YEAR

06/11/03

DAY / MONTH / YEAR

06/11/03

BOX 3. NAME, ADDRESS AND TELEPHONE NUMBER OF THE INSIDER (BLOCK LETTERS)

FAMILY NAME OR CORPORATE NAME

DOWNING

GIVEN NAMES

TARYN RAE

NO. STREET

1104 PREMIER ST.

CITY

NORTH VANCOUVER

PROV.

BC

POSTAL CODE

V7J 2H3

BUSINESS TELEPHONE NUMBER

604-1685-1187

BUSINESS FAX NUMBER

604-1685-1655

CHANGE IN NAME, ADDRESS OR TELEPHONE NUMBER FROM LAST REPORT

YES

NO

BOX 4. JURISDICTION(S) WHERE THE ISSUER IS A REPORTING ISSUER OR THE EQUIVALENT

☐ ALBERTA ☐ ONTARIO

☐ BRITISH COLUMBIA ☐ QUEBEC

☐ MANITOBA ☐ SASKATCHEWAN

☐ NEWFOUNDLAND

☐ NOVA SCOTIA

(A)

DESIGNATION OF CLASS OF SECURITIES

Options

Warrants

Common

(B)

BALANCE OF CLASS OF SECURITIES ON LAST REPORT

156000

7324

29647

(C)

TRANSACTIONS

NATURE

DATE

DAY / MONTH / YEAR

19/11/03

50

4000

10.76

191000

7324

29647

191000

7324

29647

191000

7324

29647

191000

7324

29647

191000

7324

29647

(D)

PRESENT BALANCE OF CLASS OF SECURITIES HELD

191000

7324

29647

191000

7324

29647

191000

7324

29647

191000

7324

29647

191000

7324

29647

(E)

DIRECT/INDIRECT OWNERSHIP OR CONTROL OR DISPOSITION

191000

7324

29647

191000

7324

29647

191000

7324

29647

191000

7324

29647

(F)

IDENTIFY THE REGISTERED HOLDER WHERE OWNERSHIP OR DISPOSITION IS EXERCISED

191000

7324

29647

191000

7324

29647

191000

7324

29647

191000

7324

29647

BOX 6. REMARKS

ATTACHMENT

YES

NO

THOMSON FINANCIAL

This form is used as a uniform report for the insider reporting requirements under all provincial securities Acts. The terminology used is generic to accommodate the various Acts.

CORRESPONDENCE ☒ ENGLISH ☐ FRENCH

KEEP A COPY FOR YOUR FILE

BOX 7. SIGNATURE

TARYN DOWNING

SIGNATURE

TARYN DOWNING

NAME (BLOCK LETTERS)

TARYN DOWNING

DATE / MONTH / YEAR

30/11/03

DATE OF THE REPORT

30/11/03

The undersigned certifies that the information given in this report is true and complete in every respect. It is an offence to submit information that, in a material respect and at the time and in the light of the circumstances in which it is submitted, is misleading or untrue.



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Required under this form is collected on behalf of and used by the securities regulatory authorities set out below in the legislation in British Columbia, Alberta, Saskatchewan, Manitoba, Ontario, Quebec, Nova Scotia and Newfoundland. Information in each of the jurisdictions indicated above. Other required information will remain confidential and will not be disclosed to any person other than the securities regulatory authorities. If you have any questions about the collection and use of this information, you may contact the securities regulatory authorities at the address(es) or telephone number(s) set out on the back of this report.

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FORM 55-102F6

INSIDER REPORT

(See instructions on the back of this report)

Notice - Collection and Use of Personal Information: The personal information required under this form is collected on behalf of and used by the securities regulatory authorities set out below for purposes of the administration and enforcement of certain provisions of the securities legislation in British Columbia, Alberta, Saskatchewan, Manitoba, Ontario, Québec, Nova Scotia and Newfoundland. Some of the required information will be made public pursuant to the securities legislation in each of the jurisdictions indicated above. Other required information will remain confidential and will not be disclosed to any person or company except to any of the securities regulatory authorities or their authorized representatives. If you have any questions about the collection and use of this information, you may contact the securities regulatory authority in any jurisdiction(s) in which the required information is filed, at the address(es) or telephone number(s) set out on the back of this report.

BOX 1. NAME OF THE REPORTING ISSUER (BLOCK LETTERS)

PACIFIC NORTH WEST CAPITAL CORP.

BOX 2. INSIDER DATA

RELATIONSHIP(S) TO REPORTING ISSUER

41 15 11 11

DATE OF LAST REPORT FILED

DAY / MONTH / YEAR
14 / 11 / 03

CHANGE IN RELATIONSHIP FROM LAST REPORT

YES ☐ NO ☐OR
IF INITIAL REPORT, DATE ON WHICH YOU BECAME AN INSIDER**BOX 3. NAME, ADDRESS AND TELEPHONE NUMBER OF THE INSIDER (BLOCK LETTERS)**

FAMILY NAME OR CORPORATE NAME

BARR

GIVEN NAMES

HARRY

STREET

NO. 2303 WEST 41ST AVENUE

APT

CITY VANCOUVER

PROV. BC

POSTAL CODE V6M2A3

BUSINESS TELEPHONE NUMBER

604 - 1685 - 11870

BUSINESS FAX NUMBER

604 - 1685 - 16550

CHANGE IN NAME, ADDRESS OR TELEPHONE NUMBER FROM LAST REPORT

YES ☐ NO ☐**BOX 4. JURISDICTION(S) WHERE THE ISSUER IS A REPORTING ISSUER OR THE EQUIVALENT**☒ ALBERTA☒ ONTARIO☒ BRITISH COLUMBIA☐ QUÉBEC☐ MANITOBA☐ SASKATCHEWAN☐ NEWFOUNDLAND☐ NOVA SCOTIA**BOX 5. INSIDER HOLDINGS AND CHANGES (IF INITIAL REPORT, COMPLETE SECTIONS (A), (D), (E) AND (F) ONLY. SEE ALSO INSTRUCTIONS TO BOX 5)**

(A)

DESIGNATION OF CLASS OF SECURITIES

Private Options

Options

Options

Warrants

Common

Common

Common

(B)

BALANCE OF CLASS OF SECURITIES ON LAST REPORT

30000

487000

0

7324

54247

192884

352500

(C)

TRANSACTIONS

DATE
DAY / MONTH / YEAR

19 / 11 / 03

19 / 11 / 03

NATURE

50

50

NUMBER VALUE ACQUIRED

80000

80000

NUMBER VALUE DISPOSED OF

UNIT PRICE / EXERCISE PRICE

0.76

0.76

\$ US

(D)

PRESENT BALANCE OF CLASS OF SECURITIES HELD

30000

567000

80000

7324

54247

192884

352500

(E)

DIRECTION / SUBJECT OWNERSHIP CONTROL OR DIRECTION

11 H Barr

21 Cdn Gravity

11 H Barr

11 H Barr

11 H Barr

21 2930203 Cdn Gravity

21 Cdn Gravity

(F)

EXERCISE THE REGISTERED OWNERSHIP IS SUBJECT OR WHERE CONTROL OR DIRECTION IS EXERCISED

11 H Barr

21 Cdn Gravity

11 H Barr

11 H Barr

11 H Barr

21 2930203 Cdn Gravity

21 Cdn Gravity

BOX 6. REMARKSATTACHMENT ☐ YES ☒ NO

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CORRESPONDENCE ☒ ENGLISH ☐ FRENCH

KEEP A COPY FOR YOUR FILE

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VERSION FRANÇAISE DISPONIBLE SUR DEMANDE

The undersigned certifies that the information given in this report is true and complete in every respect. It is an offence to submit information that, in a material respect and at the time and in the light of the circumstances in which it is submitted, is misleading or untrue.

BOX 7. SIGNATURE

NAME (BLOCK LETTERS)

HARRY BARR

SIGNATURE

HARRY BARR

DATE OF THE REPORT

DAY / MONTH / YEAR

30 / 11 / 03