RESET

PRINT

FCIDB SPECIALISTS IN GUARANTEED DEPOSITS
FEDERATION OF CANADIAN INDEPENDENT DEPOSIT BROKERS

THE FEDERATION OF CANADIAN
INDEPENDENT DEPOSIT BROKERS

Client Information and Consent Form

PRIMARY OWNER INFORMATION

SURNAME | FIRST NAME | INITIAL | HOME PHONE # ( ) -

CIVIC ADDRESS | BUS. PHONE # ( ) -

DOB (dd - mmm - yyyy) | SIN | OCCUPATION / PRINC. BUS.

NAME AND ADDRESS OF EMPLOYER

RESIDENCY INFORMATION FOR TAXATION PURPOSES

COUNTRY & PROVINCE OR STATE OF RESIDENCE | ARE YOU A UNITED STATES PERSON? YES NO

PROCEEDS OF CRIME (MONEY LAUNDERING) AND TERRORIST FINANCING ACT (PCMLTFA) REQUIRES THE VERIFICATION OF IDENTIFICATION ISSUED BY A CANADIAN GOVERNMENT AGENCY

TYPE of ID: | REF. # | PLACE OF ISSUE

TYPE of ID: | REF. # | PLACE OF ISSUE

CO-OWNER INFORMATION:

SURNAME | FIRST NAME | INITIAL | HOME PHONE # ( ) -

CIVIC ADDRESS | BUS. PHONE # ( ) -

DOB (dd - mmm - yyyy) | SIN | OCCUPATION / PRINC. BUS.

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CONSENT TO THE COLLECTION, USE AND DISCLOSURE OF PERSONAL INFORMATION

BY SIGNING THIS CLIENT INFORMATION AND CONSENT FORM BELOW, YOU CONSENT TO YOUR DEPOSIT BROKER COLLECTING YOUR PERSONAL INFORMATION CONTAINED IN THIS CLIENT INFORMATION AND CONSENT FORM AND FROM TIME TO TIME PROVIDING THIS INFORMATION TO ONE OR MORE FINANCIAL INSTITUTIONS FOR THE SOLE PURPOSE OF TRANSACTING DEPOSIT BUSINESS ON YOUR BEHALF. YOU ALSO CONSENT TO THE USE, RETENTION AND DISCLOSURE OF YOUR PERSONAL INFORMATION BY SUCH FINANCIAL INSTITUTIONS, AS IS REASONABLY REQUIRED BY THEM, IN CONNECTION WITH THE ESTABLISHMENT AND MAINTENANCE ON AN ACCOUNT IN YOUR NAME AND TO MEET LEGAL AND REGULATORY REQUIREMENTS AND FOR STATISTICAL, AUDIT AND SECURITY PURPOSES. I HAVE READ THE ABOVE PARAGRAPH AND HEREBY GIVE MY CONSENT TO THE COLLECTION, USE AND DISCLOSURE OF THE PERSONAL INFORMATION AS DESCRIBED THEREIN. I CONFIRM THAT THE INFORMATION PROVIDED IS TRUE AND ACCURATE AND I AGREE TO MAKE THE DEPOSIT BROKER AWARE OF CHANGES TO ANY OF THE PERSONAL INFORMATION CONTAINED IN THIS FORM. I ACKNOWLEDGE THAT AT OR BEFORE I ENTER INTO SUBSEQUENT INVESTMENTS, THE DEPOSIT BROKER WILL PROVIDE ME WITH THE TERMS AND CONDITIONS APPLICABLE TO EACH SUCH INVESTMENT AND ANY REGULATORY DISCLOSURE REQUIRED.

- I CONFIRM THAT THE USE OF THIS INFORMATION IS FOR THE BENEFIT OF THE INDIVIDUAL (S) NAMED ABOVE AND THAT NO TRANSACTION, APPLICATION OR THE OPENING OF ANY ACCOUNT WILL BE USED BY, ON BEHALF OF OR FOR THE BENEFIT OF SOMEONE OTHER THAN THE REGISTERED OWNER (S).
- THIS ACCOUNT WILL BE USED BY, ON BEHALF OF OR IS FOR THE BENEFIT OF A THIRD PARTY OTHER THAN THE INDIVIDUALS NAMED ABOVE, DETAILS OF THE THIRD PARTY ARE INCLUDED IN THE ATTACHED 'THIRD PARTY DECLARATION AND INFORMATION FORM'.

I FURTHER AUTHORIZE THE DEPOSIT BROKER NAMED BELOW TO ACCEPT MY VERBAL INSTRUCTIONS.

PRIMARY OWNER'S SIGNATURE | SECONDARY OWNER'S SIGNATURE | DATE (dd - mmm - yyyy)

BROKER DECLARATION

I, AS AUTHORIZED REPRESENTATIVE OF THE DEPOSIT BROKER, CERTIFY THAT (I) I HAVE PERSONALLY MET WITH THE AUTHORIZED SIGNATORIES LISTED ABOVE, (II) I HAVE SEEN THE ORIGINAL IDENTIFICATION RECORDS LISTED ABOVE AND (III) HAVING MADE REASONABLE INQUIRIES, I HAVE NO REASON TO BELIEVE THAT THE CLIENT IS ACTING ON BEHALF OF A THIRD PARTY OR IF SO HAVE PROVIDED THE REQUIRED INFORMATION ON THE ATTACHED 'THIRD PARTY DECLARATION INFORMATION FORM' (IV) HAVE WITNESSED THE INDIVIDUALS SIGN THIS DOCUMENT.

DEPOSIT BROKER NAME / NUMBER | REPRESENTATIVE'S NAME / NUMBER | SIGNATURE | DATE (dd - mmm - yyyy)

FORM CONTENT AND CERTIFICATION VALID ONLY WHEN COMPLETED BY A MEMBER IN GOOD STANDING OF THE FCIDB

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