RESET

PRINT

THE FEDERATION OF CANADIAN INDEPENDENT DEPOSIT BROKERS

Corporation Information and Consent Form

CORPORATION INFORMATION

CORPORATION NAME | PHONE # ( ) -

CIVIC ADDRESS | FAX # ( ) -

DATE OF INCORP. (dd - mmm - yyyy) | BIN / BN | NATURE OF THE BUSINESS

☐ CORPORATE RECORDS SHOWING THE PROVISIONS THAT RELATE TO THE POWER TO BIND THE CORPORATION ☐ ARTICLES OF INCORPORATION ☐ OTHER

THE PROCEEDS OF CRIME (MONEY LAUNDERING) AND TERRORSIT FINANCIAL ACT (PCMLTFA) REQUIRES THE DISCLOSURE OF THE NAMES AND ADDRESS OF A CORPORATION'S DIRECTORS

	DIRECTOR'S NAME	DIRECTOR'S ADDRESS
1		
2		
3		
4		

FOR MORE THAN FOUR (4) DIRECTORS PLEASE LIST THE NECESSARY INFORMATION ON A SEPARATE SHEET & ATTACH TO THIS FORM

INDIVIDUALS AUTHORIZED TO GIVE INSTRUCTIONS ON BEHALF OF THE ACCOUNT

LAST NAME | FIRST NAME | INITIAL | DOB (dd - mmm - yyyy)

CIVIC ADDRESS | SIN

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

LAST NAME | FIRST NAME | INITIAL | DOB (dd - mmm - yyyy)

CIVIC ADDRESS | SIN

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

LAST NAME | FIRST NAME | INITIAL | DOB (dd - mmm - yyyy)

CIVIC ADDRESS | SIN

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

CONSENT TO THE COLLECTION, USE AND DISCLOSURE OF PERSONAL INFORMATION

BY SIGNING THIS CORPORATION INFORMATION AND CONSENT FORM, WE CONSENT TO THE DEPOSIT BROKER COLLECTING OUR PERSONAL INFORMATION CONTAINED IN THIS CORPORATION 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 BEHALF OF THE CORPORATION. WE ALSO CONSENT TO THE USE, RETENTION AND DISCLOSURE OF OUR PERSONAL INFORMATION BY SUCH FINANCIAL INSTITUTIONS AS IS REASONABLY REQUIRED BY THEM IN CONNECTION WITH THE ESTABLISHMENT AND MAINTENANCE OF AN ACCOUNT IN YOUR NAME AND TO MEET LEGAL AND REGULATORY REQUIREMENTS AND FOR STATISTICAL, AUDIT AND SECURITY PURPOSES.

WE HAVE READ THE ABOVE PARAGRAPH AND HEREBY GIVE OUR CONSENT TO THE COLLECTION, USE AND DISCLOSURE OF PERSONAL INFORMATION. WE CONFIRM THAT THE INFORMATION PROVIDED IS TRUE AND ACCURATE AND WE AGREE TO MAKE THE DEPOSIT BROKER AWARE OF CHANGES TO ANY 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.

◯ WE CONFIRM THAT THE USE OF THIS INFORMATION IS FOR THE BENEFIT OF THE CORPORATION 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.

◯ THIS ACCOUNT IS FOR THE BENEFIT OF A THIRD PARTY OTHER THAN THE CORPORATION NAMED ABOVE, DETAILS OF THE THIRD PARTY ARE INCLUDED IN THE ATTACHED 'THIRD PARTY DECLARATION AND INFORMATION FORM'.

WE FURTHER CONFIRM THE DEPOSIT BROKER NAMED BELOW IS AUTHORIZED TO ACCEPT MY / OUR VERBAL INSTRUCTIONS WITH RESPECT TO INVESTMENT IN AND RENEWAL OF GIC INVESTMENTS.

dd - mmm - yyyy

SIGNATURE | SIGNATURE | SIGNATURE | SIGNATURE | DATE

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 AND (V) ATTACHED HERETO ARE TRUE AND COMPLETE COPIES OF THE CORPORATE DOCUMENTS NOTED ABOVE.

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

COPYRIGHT © 2005 THE FEDERATION OF CANADIAN INDEPENDENT DEPOSIT BROKERS. ALL RIGHTS RESERVED