

Please copy this page for each additional entity

Completing action of for transaction of

Information about the entity beneficiary (if applicable)

*Name of entity:

Client number:

House/Building number:

Apt/Room/Suite/Unit number:

Street address:

City:

District:

Province or state:

Sub-province and/or sub-locality:

Country:

Postal or zip code:

Telephone number (with area code):

Extension number:

Email address:

Nature of entity's principal business:

*Do you have incorporation or registration information?

Yes (Provide incorporation and/or registration information below)

No (Go to identification information of the entity section)

Is the entity incorporated or registered?

Incorporated

Registered

Incorporated and registered

Incorporation information

Incorporation number:

Jurisdiction of issue (country) of incorporation:

Jurisdiction of issue (province or state) of incorporation:

Registration information

Registration number:

Jurisdiction of issue (country) of registration:

Jurisdiction of issue (province or state) of registration:

Identification information of the entity

Identifier type:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Articles of association | <input type="checkbox"/> Certificate of corporate status | <input type="checkbox"/> Letter/Notice of assessment | <input type="checkbox"/> Other (provide description below) |
| <input type="checkbox"/> Annual report | <input type="checkbox"/> Certificate of incorporation | <input type="checkbox"/> Partnership agreement | |

Other description:

Number associated with identifier type:

Jurisdiction of issue (country):

Jurisdiction of issue (province or state):

Person(s) authorized to bind the entity or act with respect to the account (up to 3)

Person 1

Surname:

Given name:

Other/Initial:

Person 2 (if applicable)

Surname:

Given name:

Other/Initial:

Person 3 (if applicable)

Surname:

Given name:

Other/Initial:

Relationship of the entity named above to the person or entity conducting the transaction

Relationship:

- | | | | |
|-------------------------------------|-----------------------------------|--|--|
| <input type="checkbox"/> Accountant | <input type="checkbox"/> Customer | <input type="checkbox"/> Joint/Secondary owner | <input type="checkbox"/> Self |
| <input type="checkbox"/> Agent | <input type="checkbox"/> Employee | <input type="checkbox"/> Legal counsel | <input type="checkbox"/> Vendor/Supplier |
| <input type="checkbox"/> Borrower | <input type="checkbox"/> Employer | <input type="checkbox"/> Power of attorney | <input type="checkbox"/> Other (provide description below) |
| <input type="checkbox"/> Broker | <input type="checkbox"/> Friend | <input type="checkbox"/> Relative | |

Other description:

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