

Please copy this page for each additional entity

Completing action  of  for transaction  of

### Information about the entity beneficiary (if applicable)

\*Name of entity:

Username:

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

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: