

Name of Corporation: \_

## **Corporate Information Statement**

The purpose of this form is to collect information which securities dealers are required by law to obtain under the Proceeds of Crime (Money Laundering) and Terrorist Financing Act and by the By-laws, Regulations and Rules of the self-regulatory organizations governing securities dealers when opening an account.

Nature of Business (principal business activity):  Incorporation Number:  Place of Issue:  Place of Issue:  Date GRegistration (mm/ddyyyy):  Business Fax Number:  Account No. (if known):  Account No. (if known):  Account No. (if known):  Account No. (if known):  Our Dealer Name:  Account No. (if known):  Account No. (if	Operating as (Trade Name):						
Business Fax Number:    Account No. (if known): Our Dealer Name:	Nature of Business (principal business activity):						
Business Fax Number:    Account No. (if known): Our Dealer Name:	Incorporation Number:			Place of Iss	sue:		
Account No. (If known):  Our Dealer Name:  Attached is:  Mandadony a copy of the Corporation's Articles of Incorporation and one of the following:  Altached is:  Mandadony a copy of the Corporation's Articles of Incorporation o							
Account No. (if known):	Date of Registration (iiii			Date Busilless St	arteu (IIIII/du/yyyy)		
Attached is:  a. Mandatory: a copy of the Corporation's Articles of Incorporation and one of the following: b. Certificate of status issued by the Corporation's jurisdiction of incorporation dated less than 12 month's prior to the date hereof; or c. A copy of a Canadian federal, provincial, territorial or municipal notice of assessment in the name of the Corporation and dated less than 12 month's prior to the date hereof; or d. A copy of the Corporation as most recent annual return filed with the Corporation's jurisdiction of incorporation confirming the name and address of the directors of the Corporation as identified above, and bearing a "received" stamp of not more than 12 month's prior to the date hereof.  For Corporations Only  Please provide the information below for all of the corporation's directors (submit additional forms if required)  Director #1  1-Mc 2-Mrs. Last Name   Initials  Postal code   Date of birth (mmiddlyyyyy)   Citizenship   Telephone    Email  Employer   Status (examples: employed, unemployed, retired, student, never worked)   Telephone    Director #2  Director #2  Director #2  Director #2  Date of birth (mmiddlyyyyy)   Citizenship   City   Province    Date of birth (mmiddlyyyyy)   Citizenship   Telephone    Director #3  Status (examples: employed, unemployed, retired, student, never worked)   Telephone    Director #2  Director #2  Date of birth (mmiddlyyyyy)   Citizenship   City   Province    Date of birth (mmiddlyyyy)   Citizenship   Telephone   City   Province    Date of birth (mmiddlyyyyy)   Citizenship   Telephone   City   Province    Director #2  Email   Status (examples: employed, unemployed, retired, student, never worked)   Telephone   City   Province    Director #4  Status is either "Retired or Unemployed, retired, student, never worked)   Telephone   City   Province   City   Province   City   Province   City   Province   City   Province   City   Province   City   C	Business Fax Number:						
a. Mandatory: a copy of the Corporation's Articles of Incorporation and one of the following:  b. Certificate of status issued by the Corporation's jurisdiction of incorporation dated less than 12 month's prior to the date hereof; or  c. A copy of a Canadian federal, provincial, territorial or municipal notice of assessment in the name of the Corporation and dated less than 12 month's prior to the date hereof; or  d. A copy of the Corporation's most recent annual return filed with the Corporation's jurisdiction of incorporation confirming the name and address of the directors of the Corporation as identified above, and bearing a 'received' stamp of not more than 12 month's prior to the date hereof.  For Corporations Only  Please provide the information below for all of the corporation's directors (submit additional forms if required)  Director #1  1-14-02 2-Mas   Last Name	Account No. (if known):		Our Dea	aler Name:			
Please provide the information below for all of the corporation's <b>directors</b> (submit additional forms if required)    Telephone	<ul> <li>a. Mandatory: a copy of the Corporation's Articles of Incorporation and one of the following:</li> <li>b. Certificate of status issued by the Corporation's jurisdiction of incorporation dated less than 12 month's prior to the date hereof; or</li> <li>c. A copy of a Canadian federal, provincial, territorial or municipal notice of assessment in the name of the Corporation and dated less than 12 month's prior to the date hereof; or</li> <li>d. A copy of the Corporation's most recent annual return filed with the Corporation's jurisdiction of incorporation confirming the name and address of</li> </ul>						
Director #1	For Corporations On	ly					
A-Miss	Please provide the inform	ation below for all of the corpor	ation's <b>directors</b> (s	submit additional form	s if required)		
S-br. 6-Prof.   Residence address (street # and name, apartment #) (not only a P.O. Box number)   City   Province				I			1
Postal code Date of birth (mm/dd/yyyy) Citizenship Telephone  Email  Employer Status (examples: employed, unemployed, retired, student, never worked) 'If status is either Retired or Unemployed' please provide your previous industry/Type of Business and Detailed Occupation.  Industry/Type of Business (examples: entertainment, food service) Detailed Occupation (examples: actor, cook)  Director #2    1-Min. 2-Min.   3-Mins   4-Mis.   5-Dr. 6-Prof.   8-Prof.   8-Pro	3–Miss 4–Ms.	e		First Name			Initials
Employer    Status (examples: employed, unemployed, retired, student, never worked)   "If status is either "Retired or Unemployed" please provide your previous Industry/Type of Business and Detailed occupation.   Industry/Type of Business (examples: entertainment, food service)   Detailed Occupation (examples: actor, cook)				City			l
Employer    Status (examples: employed, unemployed, retired, student, never worked)   "If status is either "Retired or Unemployed" please provide your previous Industry/Type of Business and Detailed occupation.    Industry/Type of Business (examples: entertainment, food service)	Postal code	Date of birth (mm/dd/yyyy)	Citizenship		Telephone		
Industry/Type of Business (examples: entertainment, food service)  Detailed Occupation (examples: actor, cook)  Director #2  1-Mr. 2-Mrs, 2-Mrs, 3-Miss 4-Ms, 5-Dr. 6-Prof.  Residence address (street # and name, apartment #) (not only a P.O. Box number)  City  Province  Postal code  Date of birth (mm/dd/yyyy)  Citizenship  Telephone  Email  Employer  Status (examples: employed, unemployed, retired, student, never worked) "If status is either "Retired or Unemployed" please provide your previous Industry/Type of Business and Detailed occupation.	Email						
Director #2    1-Mr. 2-Mrs.   Last Name   First Name   Initials	Employer  Status (examples: employed, unemployed, retired, student, never worked)  *If status is either "Retired or Unemployed" please provide your previous Industry/Type of Business and Detailed occupation						iled occupation.
1-Mr. 2-Mrs. 3-Miss 4-Ms. 5-Dr. 6-Prof.   Status (examples: employed, unemployed, retired, student, never worked)   Status (examples: employed, unemployed)   Province   Status (examples: employed, unemployed)   Province   Status (examples: employed, unemployed)   Province   Status (examples: employed, unemployed, retired, student, never worked)   Province   P	Industry/Type of Business (examples: entertainment, food service)  Detailed Occupation (examples: actor, cook)						
3-Miss 4-Ms. 5-Dr. 6-Prof.  Residence address (street # and name, apartment #) (not only a P.O. Box number)  City  Province  Postal code  Date of birth (mm/dd/yyyy)  Citizenship  Telephone  Email  Employer  Status (examples: employed, unemployed, retired, student, never worked) *If status is either "Retired or Unemployed" please provide your previous Industry/Type of Business and Detailed occupation.	Director #2						
Residence address (street # and name, apartment #) (not only a P.O. Box number)  City  Province  Postal code  Date of birth (mm/dd/yyyy)  Citizenship  Telephone  Email  Employer  Status (examples: employed, unemployed, retired, student, never worked) *If status is either "Retired or Unemployed" please provide your previous Industry/Type of Business and Detailed occupation.	3–Miss 4–Ms.		First Name			Initials	
Email  Employer  Status (examples: employed, unemployed, retired, student, never worked)  "If status is either "Retired or Unemployed" please provide your previous Industry/Type of Business and Detailed occupation.			City		Province	I	
Employer  Status (examples: employed, unemployed, retired, student, never worked) *If status is either "Retired or Unemployed" please provide your previous Industry/Type of Business and Detailed occupation.	Postal code	Date of birth (mm/dd/yyyy)	Citizenship		Telephone		
*If status is either "Retired or Unemployed" please provide your previous Industry/Type of Business and Detailed occupation.	Email						
Industry/Type of Business (examples: entertainment, food service)  Detailed Occupation (examples: actor, cook)	Employer  Status (examples: employed, unemployed, retired, student, never worked) *If status is either "Retired or Unemployed" please provide your previous Industry/Type of Business and Detailed occupation.						
	Industry/Type of Business (examples: entertainment, food service)  Detailed Occupation (examples: actor, cook)						



## **Corporate Information Statement**

Director #3						
1-Mr. 2-Mrs. Last Name		First Name			Initials	
3–Miss 4–Ms. 5–Dr. 6–Prof.						
Residence address (street	# and name, apartment #) (not only a	P.O. Box number)	City		Province	
Postal code	Date of birth (mm/dd/yyyy)	Citizenship		Telephone		
F!!						
Email						
Employer		Status (examples:	employed unemploye	ed retired student never wo	orked)	
		*If status is either "Ref	tired or Unemployed" plea	ed, retired, student, never wo ase provide your previous Industr	y/Type of Business and De	tailed occupation
Industry/Type of Business (	examples: entertainment, food servi	ce)	Detailed Occupation (	(examples: actor, cook)		
The following individuals	s own or control, directly or indire	actly more than 10	10/ of the charge of	the Corporation		
•	·	ectly, more than 10	% of the shares of	the Corporation.		
Attach additional sh	eets if required. financial advisor for instructions	with respect to th	a datarmination of	the beneficial ownership	or control of charge	
	neld indirectly through one or mo			the beneficial ownership	or control of shares	
For each individual id	dentified below, please complete	and attach a Corp	orate Beneficial S	hareholder Information S	Statement.	
INDIVIDUAL A						
Name:				% Owne	rship/Control:	%
			% (	Ownership/Control of vot	ing securities:	%
INDIVIDUAL B						
Name:				% Owne	rship/Control:	%
			% (	Ownership/Control of vot	ing securities:	%
INDIVIDUAL C						
Name:				% Owne	rship/Control:	%
			% Ownership/Control of voting securities:			%
The following list contain	n the names of the signing office	ers.				
Attach additional sl						
For each individual	identified below, please complete	and attach a Cor	porate Authorized	Signing Officer Statemer	nt.	
INDIVIDUAL A						
Name:						
INDIVIDUAL B						
Name:						
INDIVIDUAL C						
Name:						



## **Corporate Information Statement**

The Corporation	on is a not-for-	profit organization:	☐Yes ☐ No
		the Corporation is a charity registered with Canada Revenue Agency and, if yes, the Corporation's channel number is; or, if not	ritable registration
	(b)	the Corporation is an organization that solicits charitable financial donations from the public:	□Yes □No
To: Dealer			
related to, I and the fore	declare that egoing infor	with respect to the Account application form to which this Corporate Information Statement I am authorized to make this Corporate Information Statement on behalf of the above-notion to be true and complete and the Corporation undertakes to promptly advise the Defe information.	oted Corporation
Date (mm/dd/yyyy)		Name	
		Title	
		Signature	
		I have authority to bind the Corporation.	
Dealer Us	se		
Received,	reviewed ar	d complete.	
Date (mm/dd/yyyy)		Name of Individual completing review	
		Signature	

## NOTE TO DEALERS AND FINANCIAL ADVISORS

This form is provided as a courtesy only and B2B Bank Investment Services Inc. make no representations or warranties that this form or its use satisfies the requirements of the Proceeds of Crime (Money Laundering) and Terrorist Financing Act or the By-laws, Regulations and Rules of any applicable self-regulatory organization. It is recommended that this form only be used with the prior approval of your Compliance Department.