

Client Identification Verification

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.

Covernment leaved Photo Identification	Mathad							
☐ Government-Issued Photo Identification Full name as it appears on ID	i wethod							
i uii name as it appears on ib								
Type of ID			ID nun	ID number				
			ID Humber					
Jesuing Jurisdiction/Entity/Authority		ID Place of issue (jurisdiction)		Issuing Country				
Issuing Jurisdiction/Entity/Authority ID Place of is			sue (jurisuiction)			issuing C	ountry	
Date of issue (if applicable) (mm/dd/yyyy) Expiry date (m			nm/dd/vyyy)		Verification date (mm/dd/yyyy)			
Extension issue (ii applicable) (iiiiii/da/yyyy)				volinication date (illiniadayyyyy)				
☐ Credit File Method								
Client name		Source of credit file (i.e. Equifax)						
Credit file reference number			Verification date (mm/dd/yyyy)					
☐ Dual Process Method								
Client name								
<u> </u>								
Name of source documentation/information			Type of information (example: bank statement, CRA Assessment Notice)					
Reliable source of information account / reference number			Verification date (mm/dd/yyyy)					
2. Name of source documentation/information			Type of information (example: bank statement, CRA Assessment Notice))					
Reliable source of information account / reference number				Verification date (mm/dd/yyyy)				
☐ Agent/Entity/Mandatary*								
Client name								
Full name of entity/agent/mandatary								
Client identification method used				Date of verification by entity/agent/mandatary (mm/dd/yyyy)				
Information gathered by the entity						,	Verification date (mm/dd/yyyy)	
* An entity is a domestic or foreign affiliate of your entity, or a	financial entity	that is a member	er of you	financial serv	vices cooperative or cr	edit union d	central If client identification was	
conducted by an agent or mandatary, you must maintain a c			or you	ililariolar scrv	nices cooperative or ci	can amon c	Sentral. If elient identification was	
5								
Dealer Use								
Received, reviewed and complete.								
Date (mm/dd/yyyy)	dividual cor	nnletir	na review					
	Name of Individual completing review							
_	O'ana at ana							
Signature								