



# 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.

Name of Corporation: \_\_\_\_\_

Operating as (Trade Name): \_\_\_\_\_

Nature of Business (principal business activity): \_\_\_\_\_

Incorporation Number: \_\_\_\_\_ Place of Issue: \_\_\_\_\_

Date of Registration (mm/dd/yyyy): \_\_\_\_\_ Date Business Started (mm/dd/yyyy): \_\_\_\_\_

Business Fax Number: \_\_\_\_\_

Account No. (if known): \_\_\_\_\_ Our Dealer Name: \_\_\_\_\_

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'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 <b>directors</b> (submit additional forms if required)					
Director #1					
<input type="checkbox"/> 1-Mr. 2-Mrs. <input type="checkbox"/> 3-Miss 4-Ms. <input type="checkbox"/> 5-Dr. 6-Prof.	Last Name		First Name		Initials
Residence address (street # and name, apartment #) (not only a P.O. Box number)			City	Province	
Postal code	Date of birth (mm/dd/yyyy)	Citizenship		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					
<input type="checkbox"/> 1-Mr. 2-Mrs. <input type="checkbox"/> 3-Miss 4-Ms. <input type="checkbox"/> 5-Dr. 6-Prof.	Last Name		First Name		Initials
Residence address (street # and name, apartment #) (not only a P.O. Box number)			City	Province	
Postal code	Date of birth (mm/dd/yyyy)	Citizenship		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)		



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Director #3					
<input type="checkbox"/> 1-Mr. 2-Mrs. 3-Miss 4-Ms. 5-Dr. 6-Prof.	Last Name		First Name		Initials
Residence address (street # and name, apartment #) (not only a P.O. Box number)			City	Province	
Postal code	Date of birth (mm/dd/yyyy)	Citizenship	Email		
Employer		Status (examples: employed, unemployed, retired, student, never worked) <small>*If status is either "Retired or Unemployed" please provide your previous industry/Type of Business and Detailed occupation.</small>			
Industry/Type of Business (examples: entertainment, food service)			Detailed Occupation (examples: actor, cook)		

The following individuals own or control, directly or indirectly, more than 10% of the shares of the Corporation.

Attach additional sheets if required.

Please consult your financial advisor for instructions with respect to the determination of the beneficial ownership or control of shares of the Corporation held indirectly through one or more corporations or other entities.

For each individual identified below, **please complete and attach a Corporate Beneficial Shareholder Information Statement.**

INDIVIDUAL A

Name: \_\_\_\_\_ % Ownership/Control: \_\_\_\_\_ %  
 % Ownership/Control of voting securities: \_\_\_\_\_ %

INDIVIDUAL B

Name: \_\_\_\_\_ % Ownership/Control: \_\_\_\_\_ %  
 % Ownership/Control of voting securities: \_\_\_\_\_ %

INDIVIDUAL C

Name: \_\_\_\_\_ % Ownership/Control: \_\_\_\_\_ %  
 % Ownership/Control of voting securities: \_\_\_\_\_ %

The following list contain the names of the signing officers.

Attach additional sheets if required.

For each individual identified below, **please complete and attach a Corporate Authorized Signing Officer Statement.**

INDIVIDUAL A

Name: \_\_\_\_\_

INDIVIDUAL B

Name: \_\_\_\_\_

INDIVIDUAL C

Name: \_\_\_\_\_

