



# 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) a copy of the Corporation's Articles of Incorporation.
- (b) a Certificate of status issued by the Corporation's jurisdiction of incorporation dated less than 90 days' 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.
- (d) a copy of the Corporation's most recent annual return filed with the Corporation's jurisdiction of incorporation bearing a "received" stamp of not more than 12 month's prior to the date hereof confirming the name and address of the directors of the Corporation as identified above.

For Corporations Only			
Please provide the information below for all of the corporation's <b>directors</b> (submit additional forms if required)			
<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr. <input type="checkbox"/> Prof.			
Last Name, First Name			Citizenship
Residence address (street # and name, apartment #) (not only a P.O. Box number)		City	Province
Postal code	Date of birth (mm/dd/yyyy)	Email	
Employer		Status (examples: employed, unemployed, retired, student)	
Industry, Type of Business (examples: entertainment, food service)		Detailed Occupation (examples: actor, cook)	
<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr. <input type="checkbox"/> Prof.			
Last Name, First Name			Citizenship
Residence address (street # and name, apartment #) (not only a P.O. Box number)		City	Province
Postal code	Date of birth (mm/dd/yyyy)	Email	
Employer		Status (examples: employed, unemployed, retired, student)	
Industry, Type of Business (examples: entertainment, food service)		Detailed Occupation (examples: actor, cook)	



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<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr. <input type="checkbox"/> Prof.		
Last Name, First Name		Citizenship
Residence address (street # and name, apartment #) (not only a P.O. Box number)		City
Postal code	Date of birth (mm/dd/yyyy)	Email
Employer		Status (examples: employed, unemployed, retired, student)
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: \_\_\_\_\_

1. (a) Our Dealer is a member of the Investment Industry Regulatory Organization of Canada.  Yes  No If No, please go to section 2.
- (b) If section 1(a) is Yes, the Corporation is exempt from the Investment Industry Regulatory Organization of Canada's requirements to verify the identity of individuals owning or controlling, directly or indirectly, more than 10% of the shares of the Corporation:  Yes  No
- (c) If section 1(b) is Yes, which of the following reasons apply:
  - The Corporation is or is an affiliate of a bank, trust or loan company, credit union, caisse populaire, insurance company, mutual fund, mutual fund management company, pension fund, securities dealer or broker, investment manager or similar financial institution subject to a satisfactory regulatory regime in the country in which it is located.
  - The securities of the Corporation or an affiliate of the Corporation are publicly traded.

If sections 1(a) and (b) are Yes, their identity does not need to be verified.  
If section 1(a) is Yes and section 1(b) is No, their identity must be verified.

2. The Corporation is a not-for-profit organization:  Yes  No  
If Yes:
  - (a) the Corporation is a charity registered with Canada Revenue Agency and, if yes, the Corporation's charitable registration number is \_\_\_\_\_ ; or, if not
  - (b) the Corporation is an organization that solicits charitable financial donations from the public:  
 Yes  No

## To: Dealer

By signing below and with respect to the Account application form to which this Corporate Information Statement is attached or is related to, I declare that I am authorized to make this Corporate Information Statement on behalf of the above-noted Corporation and the foregoing information to be true and complete and the Corporation undertakes to promptly advise the Dealer in writing of any change in the above information.

\_\_\_\_\_  
Date (mm/dd/yyyy)

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

I have authority to bind the Corporation.

## Dealer Use

Received, reviewed and 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 Securities 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.