



Client Banking Confirmation Form

Fax to: (416) 413-0733

USE THIS FORM TO CONFIRM/CORRECT CLIENT BANKING INFORMATION

1. CLIENT INFORMATION

<input type="text"/> CLIENT NAME (LAST)	<input type="text"/> (FIRST)	<input type="text"/> B2BBSSI ACCOUNT NUMBER
<input type="text"/> CLIENT NAME (LAST)	<input type="text"/> (FIRST)	

2. BANKING INFORMATION – Attach a void cheque and complete information

<input type="text"/> BANK NUMBER	<input type="text"/> BANK TRANSIT NUMBER	<input type="text"/> BANK ACCOUNT NUMBER
<input type="text"/> BANK NAME	<input type="text"/> BRANCH LOCATION	
<input type="text"/> BANK TELEPHONE NUMBER	<input type="text"/> BANK FAX NUMBER	

3. CLIENT BANKING AUTHORIZATION

I/We, _____, authorize _____
CLIENT(S) NAME(S) BANK NAME

to confirm to B2B Bank Securities Services Inc. our bank transit number and account number only.

<input checked="" type="checkbox"/> CLIENT SIGNATURE	<input checked="" type="checkbox"/> CLIENT SIGNATURE
<input type="text"/> M M D D Y Y Y Y	<input type="text"/> M M D D Y Y Y Y

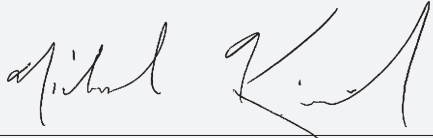
4. BANK BRANCH CONFIRMATION – Bank administrator only

B2B Bank Securities Services Inc. (B2BBSSI) is required by the Investment Industry Regulatory Organization of Canada (IIROC) to confirm that the banking reference on our client's application corresponds to the reference on file at the financial institution.

Simply circle Yes or No and return this form to the following fax number: 416-413-0733.

Do the transit and account numbers shown above belong to the client indicated above?

YES / NO


MIKE KAZMIEROWSKI, VICE PRESIDENT OPERATIONS

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