



# B2B Bank Non-Registered GIC Schedule A Corporations and Other Entities

Name of Corporation/Entity: \_\_\_\_\_

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

Incorporation Number: \_\_\_\_\_ Place of Issue (only if the entity is a Corporation): \_\_\_\_\_

Information establishing the ownership, control and structure of the entity: \_\_\_\_\_

Document used for verifying the accuracy of information obtained on the Entity: \_\_\_\_\_

Proof of Existence of the Business: \_\_\_\_\_

Banking Resolution/Power to Bind the Corporation: \_\_\_\_\_

Please use additional forms if space is insufficient.

## FOR CORPORATIONS AND OTHER ENTITIES

### For Corporations and Non-Corporate Entities

Please provide the information noted below for each person who owns or controls: 25% or more of the voting shares of the corporation; or 25% or more of the other entity. If any of the persons listed below is a corporation or other entity, please attach another form for that corporation or other entity.

Mr  Mrs  Miss  Ms

Last Name, First Name or Business Name Ownership/Shares Held: \_\_\_\_\_ %

Residence address (street # and name, apartment #) (not only a P.O. Box number)

City	Province	Postal code	Country of residence	Citizenship	Date of birth (mm/dd/yyyy)
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Home phone number ( )	Cell phone number ( )	Email
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Employer Detailed Occupation (examples: actor, cook)

Mr  Mrs  Miss  Ms

Last Name, First Name or Business Name Ownership/Shares Held: \_\_\_\_\_ %

Residence address (street # and name, apartment #) (not only a P.O. Box number)

City	Province	Postal code	Country of residence	Citizenship	Date of birth (mm/dd/yyyy)
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Home phone number ( )	Cell phone number ( )	Email
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Employer Detailed Occupation (examples: actor, cook)

Mr  Mrs  Miss  Ms

Last Name, First Name or Business Name Ownership/Shares Held: \_\_\_\_\_ %

Residence address (street # and name, apartment #) (not only a P.O. Box number)

City	Province	Postal code	Country of residence	Citizenship	Date of birth (mm/dd/yyyy)
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Home phone number ( )	Cell phone number ( )	Email
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Employer Detailed Occupation (examples: actor, cook)



# B2B Bank Non-Registered GIC Schedule A Corporations and Other Entities

## For Corporations and Non-Corporate Entities (continued)

Please provide the information noted below for each person who owns or controls: 25% or more of the voting shares of the corporation; or 25% or more of the other entity. If any of the persons listed below is a corporation or other entity, please attach another form for that corporation or other entity.

<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms						
Last Name, First Name or Business Name					Ownership/Shares Held:	%
Residence address (street # and name, apartment #) (not only a P.O. Box number)						
City		Province	Postal code	Country of residence	Citizenship	Date of birth (mm/dd/yyyy)
Home phone number ( )		Cell phone number ( )		Email		
Employer			Detailed Occupation (examples: actor, cook)			

**For not-for-profit organizations:**  
 The entity is a not-for-profit organization? Yes  No   
 Is the not-for-profit organization registered as a charity for income tax purposes? Yes  No   
 If yes, what is the CRA Registration number? \_\_\_\_\_

## For Corporations Only

Please provide the information below for all of the corporation's **directors** (submit additional forms if required)

<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms					
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			Detailed Occupation (examples: actor, cook)		

<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms					
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			Detailed Occupation (examples: actor, cook)		

<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms					
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			Detailed Occupation (examples: actor, cook)		



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### For Corporations and Non-Corporate Entities

If you are a Corporation or other entity (e.g. Partnership), indicate in which jurisdiction you are incorporated or organized; if you are a Trust, indicate which jurisdiction's laws would govern substantially all of your administrative issues (check one):

- Canada
- United States \_\_\_\_\_ (please specify U.S. jurisdiction & provide U.S. TIN)
- Other \_\_\_\_\_ (please specify jurisdiction)

Are you a financial institution? (check one):  Yes  No

### For Corporations and Other Entities

Confirm if you are transacting or conducting business in another country other than Canada (e.g. with overseas suppliers, contractors, vendors, selling goods and services to customers abroad, etc.)? Yes  No

If yes, please indicate the country name(s) \_\_\_\_\_

Form must be signed by one of the following: (i) director or secretary of corporation; (ii) trustee of trust; (iii) partner of partnership; or (iv) chairman, secretary, or treasurer of unincorporated association or other entity.

I, \_\_\_\_\_ (name), \_\_\_\_\_ (title) of the Entity, hereby certify that the information indicated above is complete and accurate. I undertake to advise B2B Bank in writing of any change to the information in this form.

\_\_\_\_\_  
Signature

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