

Please copy this page for each additional entity

Starting action of for transaction of

Information about the entity conducting or attempting to conduct the transaction (if applicable)

Name of entity:

Client number:

House/Building number:

Apt/Room/Suite/Unit number:

Street address:

City:

District:

Province or state:

Sub-province and/or sub-locality:

Country:

Postal or zip code:

Telephone number (with area code):

Extension number:

Email address:

URL:

Nature of entity's principal business:

*Do you have incorporation or registration information?

Yes (Provide incorporation and/or registration information below)

No (Go to identification information of the entity section)

Is the entity incorporated or registered?

Incorporated

Registered

Incorporated and registered

Incorporation information

Incorporation number:

Jurisdiction of issue (country) of incorporation:

Jurisdiction of issue (province or state) of incorporation:

Registration information

Registration number:

Jurisdiction of issue (country) of registration:

Jurisdiction of issue (province or state) of registration:

Identification information of the entity

*Identifier type:

<input type="checkbox"/> Articles of association	<input type="checkbox"/> Certificate of corporate status	<input type="checkbox"/> Letter/Notice of assessment	<input type="checkbox"/> Other (provide description below)
<input type="checkbox"/> Annual report	<input type="checkbox"/> Certificate of incorporation	<input type="checkbox"/> Partnership agreement	

Other description:

Number associated with identifier type:

Jurisdiction of issue (country):

Jurisdiction of issue (province or state):

Person(s) authorized to bind the entity or act with respect to the account (up to 3)

Person 1

Surname:

Given name:

Other/Initial:

Person 2 (if applicable)

Surname:

Given name:

Other/Initial:

Person 3 (if applicable)

Surname:

Given name:

Other/Initial:

Information about conducting or attempting to conduct the transaction online

Type of device used:

<input type="checkbox"/> Computer/Laptop	<input type="checkbox"/> Mobile phone	<input type="checkbox"/> Tablet	<input type="checkbox"/> Other (provide description below)
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Other description:

Username:

Internet protocol (IP) address:

Device identifier number:

Date of online session in which request was made:

<input type="text" value="20"/>	<input type="text"/>	<input type="text"/>
YEAR	MONTH	DAY

Time of online session in which request was made:

<input type="text"/>	<input type="text"/>	<input type="text"/>	UTC offset	+	<input type="text"/>	<input type="text"/>
HOUR	MINUTES	SECONDS		-	HOUR	MINUTES

Information about the structure of the entity

Type or structure of the entity:

- Corporation** **Trust** **Widely held or publicly traded trust** **Entity other than a corporation or trust**
(specify below)

Specify the type of the entity:

Do you have information on the ownership, control and structure of the entity?

- Yes** (Complete one of the following sections relevant to the type/structure of the entity) **No** (Go to the information about the person or entity on whose behalf the transaction was conducted or attempted page)