

Please copy this page for each additional entity

Starting action  of  for transaction  of

### Information about the entity on whose behalf the transaction was conducted or attempted (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"/> Annual report	<input type="checkbox"/> Certificate of corporate status	<input type="checkbox"/> Letter/Notice of assessment	<input type="checkbox"/> Other (provide description below)
<input type="checkbox"/> Articles of association	<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:

**Relationship of the entity named above to the person or entity conducting or attempting to conduct the transaction**

Relationship:

<input type="checkbox"/> Accountant	<input type="checkbox"/> Customer	<input type="checkbox"/> Joint/Secondary owner	<input type="checkbox"/> Vendor/Supplier
<input type="checkbox"/> Agent	<input type="checkbox"/> Employee	<input type="checkbox"/> Legal counsel	<input type="checkbox"/> Other (provide description below)
<input type="checkbox"/> Borrower	<input type="checkbox"/> Employer	<input type="checkbox"/> Power of attorney	
<input type="checkbox"/> Broker	<input type="checkbox"/> Friend	<input type="checkbox"/> Relative	

Other description:

## 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 completing action page)