

**Part 1-General information:** (Attach photocopy of the first page of Articles of Incorporation or Business Registration.) (Please attach a copy of identification)

**Company Name:** \_\_\_\_\_ **Trade Name:** \_\_\_\_\_ **Incorporation #:** \_\_\_\_\_ **Date of Incorporation:** \_\_\_\_\_  
**Jurisdiction of Incorporation:**  Federal  Provincial/State **Location of Incorporation: Country:** \_\_\_\_\_ **Province/State:** \_\_\_\_\_  
**Company Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Province/State:** \_\_\_\_\_ **Country:** \_\_\_\_\_  
**Postal Code:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_ **Alternate phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Email:** \_\_\_\_\_  
**Website:** \_\_\_\_\_ **Mailing Address:** \_\_\_\_\_  
**Name Contact 1:** \_\_\_\_\_ **Address:** \_\_\_\_\_ **City:** \_\_\_\_\_  
**Province/State:** \_\_\_\_\_ **Country:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_ **Position:** \_\_\_\_\_  
**DOB:** \_\_\_\_\_  Driver's Licence OR  Passport **ID#:** \_\_\_\_\_ **ID Expiry:** \_\_\_\_\_ **ID Place of Issue:** \_\_\_\_\_  
**Name Contact 2:** \_\_\_\_\_ **Address:** \_\_\_\_\_ **City:** \_\_\_\_\_  
**Province/State:** \_\_\_\_\_ **Country:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_ **Position:** \_\_\_\_\_  
**DOB:** \_\_\_\_\_  Driver's Licence OR  Passport **ID#:** \_\_\_\_\_ **ID Expiry:** \_\_\_\_\_ **ID Place of Issue:** \_\_\_\_\_  
**Name Contact 3:** \_\_\_\_\_ **Address:** \_\_\_\_\_ **City:** \_\_\_\_\_  
**Province/State:** \_\_\_\_\_ **Country:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_ **Position:** \_\_\_\_\_  
**DOB:** \_\_\_\_\_  Driver's Licence OR  Passport **ID#:** \_\_\_\_\_ **ID Expiry:** \_\_\_\_\_ **ID Place of Issue:** \_\_\_\_\_

**Part 2 - Business activity:**

**RAS:** \_\_\_\_\_ **Year:** \_\_\_\_\_

**Type of Business:** \_\_\_\_\_ **Industry Code:** \_\_\_\_\_ **Nature of Transactions:** \_\_\_\_\_  
**Annual Volume of Currency Trading:** \_\_\_\_\_ **Currencies Traded:** \_\_\_\_\_ **Currencies Bought:** \_\_\_\_\_ **Currencies Sold:** \_\_\_\_\_  
**Origin of Transactions: [Check all that apply]**  Head Office  Branch Office  Subsidiary  Home Office  
**Average Frequency of Transactions: [Check one that applies]**  Daily  Weekly  Bi-Weekly  Monthly  Bi-Monthly  Quarterly  Semi-annual  Annual  Other

**Part 3 - Primary banking information & details:**

**Name of Bank:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_ **Bank Address:** \_\_\_\_\_ **City:** \_\_\_\_\_  
**Prov./State:** \_\_\_\_\_ **Country:** \_\_\_\_\_ **POST Code:** \_\_\_\_\_ **Type of Account Used to Pay Currency Exchange Charges:** \_\_\_\_\_  
**Method for Settling Account:**  Wire Transfer  Bank Draft  Certified Cheque  Other Specify: \_\_\_\_\_  
**Account #1:** \_\_\_\_\_  USD  CAD **Transit # 1:** \_\_\_\_\_ **Account #2:** \_\_\_\_\_  USD  CAD **Transit #2:** \_\_\_\_\_

**Part 4 - Compliance third- party affirmation:**

I, \_\_\_\_\_ confirm that I am opening this account with Currency Converters Inc. to undertake currency exchange trading on behalf of the following organization: **Company Name:** \_\_\_\_\_ **Type of Business:** \_\_\_\_\_  
**Incorporation Number:** \_\_\_\_\_ **Place of Incorporation:** \_\_\_\_\_ **Company Address:** \_\_\_\_\_ **City:** \_\_\_\_\_  
**Prov./State:** \_\_\_\_\_ **Country:** \_\_\_\_\_ **POST Code:** \_\_\_\_\_ **Contact Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Fax:** \_\_\_\_\_ **Principle Company Contact:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Nature of the relationship between the third-party and the client:** \_\_\_\_\_ **Confirmed by staff:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

## Part 5 - Corporate directors:

(If there are more than 3 directors,  please attach a separate sheet with the corresponding information.) (Please attach a copy of identification)

Name 1st Director: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_

Province/State: \_\_\_\_\_ Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Telephone: \_\_\_\_\_ Position: \_\_\_\_\_

DOB: \_\_\_\_\_  Driver's Licence OR  Passport ID#: \_\_\_\_\_ ID Expiry: \_\_\_\_\_ ID Place of Issue: \_\_\_\_\_

Name 2nd Director: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_

Province/State: \_\_\_\_\_ Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Telephone: \_\_\_\_\_ Position: \_\_\_\_\_

DOB: \_\_\_\_\_  Driver's Licence OR  Passport ID#: \_\_\_\_\_ ID Expiry: \_\_\_\_\_ ID Place of Issue: \_\_\_\_\_

Name 3rd Director: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_

Province/State: \_\_\_\_\_ Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Telephone: \_\_\_\_\_ Position: \_\_\_\_\_

DOB: \_\_\_\_\_  Driver's Licence OR  Passport ID#: \_\_\_\_\_ ID Expiry: \_\_\_\_\_ ID Place of Issue: \_\_\_\_\_

## Part 6 - Confirmation of beneficial ownership:

\*Confirmed existence of all who own or control, directly or indirectly, 25% or more of company shares.

Name 1st Owner: \_\_\_\_\_ Ownership %: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_

Province/State: \_\_\_\_\_ Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Telephone: \_\_\_\_\_ Occupation: \_\_\_\_\_

DOB: \_\_\_\_\_  Driver's Licence OR  Passport ID#: \_\_\_\_\_ ID Expiry: \_\_\_\_\_ ID Place of Issue: \_\_\_\_\_

Name 2nd Owner: \_\_\_\_\_ Ownership %: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_

Province/State: \_\_\_\_\_ Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Telephone: \_\_\_\_\_ Occupation: \_\_\_\_\_

DOB: \_\_\_\_\_  Driver's Licence OR  Passport ID#: \_\_\_\_\_ ID Expiry: \_\_\_\_\_ ID Place of Issue: \_\_\_\_\_

Name 3rd Owner: \_\_\_\_\_ Ownership %: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_

Province/State: \_\_\_\_\_ Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Telephone: \_\_\_\_\_ Occupation: \_\_\_\_\_

DOB: \_\_\_\_\_  Driver's Licence OR  Passport ID#: \_\_\_\_\_ ID Expiry: \_\_\_\_\_ ID Place of Issue: \_\_\_\_\_

## Part 7 - Politically exposed persons:

\*(Confirmation of PEP by interview conducted  in person or  by phone.)

Please check the option that applies: I affirm that I have understood the definition of a Politically Exposed Person, and I, (Name) \_\_\_\_\_

1.  I am a Politically Exposed Person; Office or Position Held: \_\_\_\_\_ Place: \_\_\_\_\_ Source of funds: \_\_\_\_\_ Purpose of trade: \_\_\_\_\_

2.  I am a family member of a Politically Exposed Person; Relationship to PEP: \_\_\_\_\_ Family member's Office or Position Held: \_\_\_\_\_

3.  I am NOT a Politically Exposed Person I declare the information I have provided above to be true. Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Part 8 - Acknowledgement of terms:

By signing and submitting this form to Currency Converters Inc, I attest that:

- I am authorized to act on behalf of the aforementioned company.
- I truthfully answered Company Owners and Beneficial Ownership, and will update this information in the event of ownership change(s).
- I understand that additional documentation is needed to complete this application process and that it will be solicited.
- I understand that additional documentation may also be required by different types of transactions.
- The transactions that I am requesting are on behalf of the aforementioned company and are not on behalf of a third party (individual or business).
- I understand that all transactions are subject to Compliance Approval and may be rejected at the sole discretion of the Compliance Department.
- By submitting this form, I authorize Currency Converters Inc. and its agents or assigns to exchange my personal information on an ongoing basis with credit bureaus and permit such organizations to verify my personal information in order to protect me, to ensure the completeness of my information and to maintain the integrity of the credit granting system, and so co-operate with local, provincial and national authorities in the investigation of unlawful or improper activities in order to protect me from fraudulent transactions.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Print Name: \_\_\_\_\_ CCI staff: \_\_\_\_\_ CCI Signature: \_\_\_\_\_