



Investment Services

CORPORATE CLIENT DATA FORM

CUSTOMER #	_____
CONTACT DATE:	_____

Business Information

1. Company Name _____

2. Classification LLC Sole Trader NGO Non-Profit

3. Nature of Business _____ 4. Incorporation Date _____

5. Country of Incorporation _____ 6. Source of Funding _____

7. Beneficial Owners _____

8. Expected Monthly Income <\$5,000 >\$5,000, <\$10,000 >\$10,000, <\$50,000 >\$50,000 _____
Please Specify

Contact Information

Company Address: _____ Mailing Address: _____

Office Tel.#1: _____ Office Tel.#2: _____ Other Tel.#: _____ Fax #: _____

e-mail: _____ Web site _____

Company Directors/Principals Identification

Dir i: ID Type _____ # _____ Date of Iss: _____ Country: _____ Expiry Date: _____

ID Type _____ # _____ Date of Iss: _____ Country: _____ Expiry Date: _____

Dir ii: ID Type _____ # _____ Date of Iss: _____ Country: _____ Expiry Date: _____

ID Type _____ # _____ Date of Iss: _____ Country: _____ Expiry Date: _____

Dir iii: ID Type _____ # _____ Date of Iss: _____ Country: _____ Expiry Date: _____

ID Type _____ # _____ Date of Iss: _____ Country: _____ Expiry Date: _____

Dir iv: ID Type _____ # _____ Date of Iss: _____ Country: _____ Expiry Date: _____

ID Type _____ # _____ Date of Iss: _____ Country: _____ Expiry Date: _____

On Behalf of The Board of Directors, I certify that the information on this form is true and correct.

_____ Director/Principal Name _____ Signature _____ Date

For Official Use Only

Certificate of Incorporation Board Resolution 3 Years' Financials

Certificate Of Continuance 2 Forms of ID per Director Utility Bill

Additional Details _____ Print Name _____

_____ Signature _____