

KNOW YOUR CLIENT

For Company:	

NEW CLIENT

CLIENT UPDATE

CLIENT INFORMATION

Title: First Name: Address:	Last Name:			ER
City:	Prov:			
Postal:	_			
Home Phone:				 Ext
S.I.N:				
Email:				
	MENT ISSUED PHOTO I			
0.4.				
	EMPLOYMENT INFORM	ATION		
Employer Name:				
Address:		•		
Company Phone:			ny Fax:	
Email Address:		•	•	
QUESTIONNAIRE (If answ				etails below)
Are you, the Applicant, a politically explave you ever had to declare bankrupt Have you ever been charged or conviction	osed foreign person? cy?	Yes Yes Yes	No No No	rano solon,
I,a true and accurate representation of m	hereby declanyself.	are that the	e information រុ	provided on this form is
Signature	Date			

Declaration & Consent

1.	I declare that I am requesting your services for				
	lawful purposes and the moneys and/or other assets now or to be introduced to you do not emanate from any activity which is unlawful in their country of origin, province of Ontario or Canada and specifically that none of the assets were derived from any of the activities characterized as criminal by any applicable legislation against money laundering or terrorist financing. I acknowledge that if you at any time discover that the declarations made herein are untrue, you will disclose full details of your dealings with me, including names, addresses, telephone and facsimile numbers and electronic				
	mail address to the appropriate government authorities.				
2.	I declare that the information given herein is true and accurate.				
3.	I undertake to provide you with all information that you require concerning the company and its affairs immediately upon request.				
4.	I confirm that if you are required by any lawful authority to determine the source of funds and/or assets I will provide you with any necessary information and explanations to establish that the funds are from a lawful activity, and that funds and/or assets are free from any encumbrance or restraint imposed by any court or any third party.				
5.	[where applicable] I confirm that I will be a director of the following corporation - - to be incorporated under				
	the Canada Business Corporations Act in the province of Ontario and I hereby consent to my name, address, occupation and telephone number being set out on the relevant Notice of Directors to be filed under the Act.				
I,a true a	hereby declare that the information provided on this form is nd accurate representation of myself.				
	Lieslie				
Signatu	re Date				