

INFORMATION ABOUT THE BROKERAGE

BUSINESS NAME	LEGAL NAME		
BUSINESS ADDRESS	CITY	PROVINCE	POSTRAL CODE
TELEPHONE NUMBER / FAX NUMBER			
TYPE OF BUSINESS <input type="checkbox"/> SOLE PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORTAION <input type="checkbox"/> OTHER (SPECIFY:)			
MEMBERSHIP <input type="checkbox"/> CAAMP <input type="checkbox"/> AMBA <input type="checkbox"/> MBABC <input type="checkbox"/> IMBA <input type="checkbox"/> OTHER (SPECIFY:)			
DESIGNATED INDIVIDUAL / POSITION			
DATE OF BROKERAGE ESTABLISHED/ INCORPORATED			
TOTAL FIRM VOLUME LAST YEAR / NUMBER OF AGENTS (BROKERS)			
CONTACT PERSON			
TELEHPHONE NUMBER / EMAIL ADDRESS			

ADDITIONAL REQUIREMENTS

- A copy of the Business License
- Proof of current corporation status
(i.e. Certificate of status, Certificate of Incorporation, Notice of Assessment or T2 Jacket, etc.)
- Proof of the membership indicated above
- A copy of your Brokerage firm License
- Valid two Pieces of ID for signer

By completing and signing this application, I/We certify and confirm the information given herein is true, accurate and complete and acknowledge that the bank will be relying on the information. If untrue, inaccurate and incomplete information provided, the bank may, at its sole discretion, decline the application. The Brokerage authorizes us to obtain information about the Brokerage from, and disclose information about the Brokerage to, credit reporting or credit rating agencies and credit bureaus. Nothing in this section shall limit any rights we may otherwise have regarding the collection and disclosure of the Brokerage's information.

Name and Position (Print)

Signature

Date