QUESTIONNAIRE & PROFILE – CORPORATE CLIENT

1 - IDENTIFICATION OF COMPANY

Company's Legal Name:				
Country of Registration:				
Registration No.:		Registration Date:		
Type of Company:	○ Private Limited	○ Public Limited	○ Limited Liability Company/ Limited Liability Partnership	○ Others:
Company website (if any):				

Registered Address

Address Details in Room, building:	
Number and Street/Road:	
District, City:	
Region:	
Postal Code:	
Country:	

Business Address

Address Details in Room, building:	
Number and Street/Road:	
District, City:	
Region:	
Postal Code:	
Country:	

2 - RELATED ENTITIES TO THE COMPANY

Directors 1

Surname		Given name	
Identification No.:		Issuing Country:	
Expiry Date:		Date of Birth:	
Place of birth (city, country):		Nationality	

Directors 2

Surname		Given name	
Identification No.:		Issuing Country:	
Expiry Date:		Date of Birth:	
Place of birth (city, country):		Nationality	

Directors 3

Surname		Given name	
Identification No.:		Issuing Country:	
Expiry Date:		Date of Birth:	
Place of birth (city, country):		Nationality	

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Sign to confirm:_____

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Shareholders 1

Surname		Given name	
Identification No.:		Issuing Country:	
Expiry Date:		Date of Birth:	
Place of birth (city, country):		Nationality	
Number of Shares		Value per Share	
Percentage of Shares			

Shareholders 2

Surname		Given name	
Identification No.:		Issuing Country:	
Expiry Date:		Date of Birth:	
Place of birth (city, country):		Nationality	
Number of Shares		Value per Share	
Percentage of Shares			

Shareholders 3

Surname		Given name	
Identification No.:		Issuing Country:	
Expiry Date:		Date of Birth:	
Place of birth (city, country):		Nationality	
Number of Shares		Value per Share	
Percentage of Shares			

Any Bearer Shares available? ◯ Yes ◯ No

Ultimate Beneficial Owners 1:

Surname		Given name	
Identification No.:		Issuing Country:	
Expiry Date:		Date of Birth:	
Place of birth (city, country):		Nationality	

Ultimate Beneficial Owners 2:

Surname		Given name	
Identification No.:		Issuing Country:	
Expiry Date:		Date of Birth:	
Place of birth (city, country):		Nationality	

Ultimate Beneficial Owners 3:

Surname		Given name	
Identification No.:		Issuing Country:	
Expiry Date:		Date of Birth:	
Place of birth (city, country):		Nationality	

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3 - CONTACT DETAILS

Surname		Given name	

☐ Directors ☐ Shareholders ☐ Ultimate Beneficial Owners

	Country Code	Number
Tel. No.:	+	
Mobile Number:	+	
Email:		
Skype ID:		

Information on a politically exposed person
Do you or your close family members or close associate entrust or during the past 18 months entrusted with prominent public functions in Canada or foreign state institutions?

◯ No

◯ Yes (indicate) ☐ I myself ☐ My close family member ☐ My close associate

☐ Head of the State, Head of the Government, Minister, Vice Minister or Deputy Minister, Secretary of State, Chancellor the Parliament, the Government or any Ministry.
☐ Member of the Parliament.
☐ Member of the Supreme Courts, the Constitutional Courts or any other judicial authority, against whose decisions there no judicial remedy.
☐ Mayor of the municipality, municipality administration director
☐ A member of the management body of the Supreme State Audit and Control Office

☐ an Ambassador, a Charge d'Affaires ad interim, Envoy Extraordinary and Minister Plenipotentiary, or the senior member of the armed forces.
☐ A member of the management or supervisory body of the company managed by the state or municipality.
☐ Director, deputy director or member of the management or supervisory body of the international intergovernmental organization.
☐ Head, deputy head or member of the management body of a political party.

Specify the politically exposed person (if any)

Name, surname:

State, institution, position:

4 - ECONOMIC & FINANCIAL ACTIVITIES

Main Economic/Business Activities

Unit: ☐ EUR ☐ CHF ☐ GBP ☐ CAD ☐ HKD ☐ OTHERS: _____

Expected Annual Income		Expected Annual Expense	
Estimate Average transaction value via DNBC Financial Group account		Estimate number of transaction monthly via DNBC Financial Group account	

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Sign to confirm: _____

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Countries of Main Business Activities

Nature of the transactions to be performed

Number of Staff Employed:

The purpose / reason for applying for the opening of an account is:

Reference of your company suppliers

Supplier name	Country of incorporation	Product or service provided

Reference of your company clients

Client name	Country of incorporation/Nationality

Your External Bank Account:

Account Name		Account Number	
With (Bank)		Branch (If available)	
Bank Address			
SWIFT code/BIC code			

5 - CUSTOMER DECLARATION

By signing this questionnaire and profile of the company, I/We confirm that information provided in this questionnaire is true, complete and accurate and undertake to immediately notify the DNBC Financial Canada Limited (hereinafter called "DNBC") in writing of any change in the information provided by me in this questionnaire. I/We undertake to immediately notify the DNBC in writing of any intentions to perform transactions on behalf of the third persons/companies and/or to hold third persons' funds in the accounts to be opened in my company.

Please be noticed that: DNBC always conducts AML/CTF checks of Source of Fund on Incoming Transactions and/ or Outgoing Transactions for any DNBC Account that has been operating for under 3 months.

1. DNBC's Compliance Team reserves the right to send emails/call or conduct short online Conference to ask for Transactions' Documents (Invoices/Agreement/Receipt of Delivery), Explanation and further Evidence to prove the genuine

Sign to confirm:_____

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Business Relationship between the Account Holders and their customers as well as their suppliers. The submitted documents will be reviewed and assessed. From there onward, any of your payment to this beneficiary would not be held back if the documents/ evidence are in line with DNBC's policy.

2. The Online Conference serves the main purpose of getting your authorization for the payment which is considered necessary by the Compliance Team to prevent Fraudulent Activities.

By signing this Application Form, I/We are aware of the information provided about AML-CTF Checks of Source of Fund on Transaction and I/We agree and are going to follow the regulations posed to the DNBC Account's holder.

By signing this questionnaire and profile of company, I/We also confirm that I/We aware that the information provided in this questionnaire and other information about me, company, the account holder, and the accounts held in the DNBC, which is available to the DNBC, may be transferred to the local authority of Canada in order to international treaties on the exchange of financial account information.

Signature: *Please sign within the box. For control purposes, please cross out any unused portions.*

Company Title: Full name:	
Company Title: Full name:	
Company Title: Full name:	

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Sign to confirm:_____

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CORPORATE ACCOUNT APPLICATION FORM

1 - IDENTIFICATION OF COMPANY

Company's Legal Name:			
Country of Registration:			
Registration No.:		Registration Date:	

2 - APPLICATION TO OPEN AN ACCOUNT

To the DNBC Financial Canada Limited (hereinafter called "DNBC"). At a meeting of the Directors of:

	(hereinafter called "the Company")
held at:	on:

The following resolutions were passed that an account or more accounts be opened with the DNBC at Suite 1480 HSBC Building, 885 West Georgia Street, Vancouver, BC, Canada V6C3E8, that the account(s) already held with DNBC is/are approved and will continue operating. It is further resolved to apply for the following account(s) and/or services to be opened/provided with DNBC at Suite 1480 HSBC Building, 885 West Georgia Street, Vancouver, BC, Canada V6C3E8.

For the purposes of opening the account(s) and providing other services, we hereby provide the following information:

Application for Current, Remittance account

Account Type	**Currency**
☐ Current Account for payment transactions, remittance, credit transfers. DNBC*net* for Internet Banking.	☐ CAD ☐ EUR ☐ HKD ☐ CHF ☐ GBP OTHERS:_____
Email receiving OTP:	
Mobile Number receiving OTP:	+
If joint Account Mobile Number receiving OTP 1	+
Mobile Number receiving OTP 2	+

The accounts that I / We applied for as above may be opened upon receipt of the signed application by DNBC or at a later stage, according to my / our instructions, not later than 4 months from the date of this application.

For DNBC*net* Services

The Company resolves to register with the DNBC*net* Service. The following person(s) is / are hereby authorized and appointed to receive the Subscriber Number and the PIN and is / are hereby authorized to use the service in order to operate the account(s) of the Company and / or utilize all available Services of DNBC*net* Service and DNBC be and is hereby authorized to execute the instructions of the person(s) specified in this paragraph. Additionally, the Company ensures that it has the right to disclose the personal details of the authorized person(s).

Transaction Limits

Transaction Type	**Limit Per Day**	**Limit Per Day**	**Limit Per Day**	**Limit Per Day**	**Limit Per Day**
Currency					
Transfer within DNBC Financial Group Network					

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Sign to confirm:_____

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Transfer via Non-SWIFT					
Transfer to international account - via SWIFT					

**Depending on the channel used, for financial transactions exceeding the cumulative daily limit per Account Holder, the User may be given the option to forward the transactions to DNBC for manual processing and execution, regardless of the limits listed above. In addition, if this Daily Limit set by the User is rejected by DNBC, the User's daily transaction limit shall be set at the Default Limit Per Day.*

SPECIMEN SIGNATURE OF SIGNING INSTRUCTIONS AND AUTHORIZED PERSONS

Signature Please sign within the box. For control purposes, please cross out any unused portions.

Specimen **Signature of the Authorized 1** **Name, surname:** **Company Title:** **E-mail Address:** **Phone number:** **Date:**	
Specimen **Signature of the Authorized 2** **Name, surname:** **Company Title:** **E-mail Address:** **Phone number:** **Date:**	
Specimen **Signature of the Authorized 3** **Name, surname:** **Company Title:** **E-mail Address:** **Phone number:** **Date:**	

Please state how signatories will sign (please tick to specify accordingly):

☐ Alone	☐ Any two of the above
☐ Anyone	☐ All
☐ Other Combination (please specify):	

AUTHORITY AND INDEMNITY IN RESPECT OF 'MESSAGE' THROUGH THE DNBC*net* SERVICE INSTRUCTION

The Company resolves that notwithstanding the terms of the existing Mandate(s) for the operation of the Company's account(s) or other facilities or arrangements with DNBC or of any future mandate(s) or other agreement(s) or course of dealing(s) between DNBC and the Company (hereinafter called the Mandate), DNBC is requested and authorized to rely upon and act in accordance with any instruction, notice, demand, application, form or other communication (hereinafter called the Instruction) which may from time to time be, or purport to be, given by 'message' through the DNBC*net* Service, whether authenticated or unauthenticated by Device/Mechanism Producing Single Use Codes on our behalf.

As a result, we hereby give the following "Authority and Indemnity in respect of 'message' through the DNBC*net* Service Instructions" to DNBC.

Authority

Notwithstanding the terms of any Mandate(s), DNBC is requested and authorized, but is not obliged, to rely upon and act in accordance with any Instruction which may from time to time be, or purport to be, given by 'message' through the DNBC*net* Service, whether authenticated or unauthenticated by a Device/Mechanism Producing Single Use Codes, by us or on our behalf by any one of the following persons/by the following person:

	(Authorized person name)

and authenticated by the user of a Device/Mechanism Producing Single Use Codes (in the event that such authentication is required by DNBC for the relevant by 'message' through the DNBC*net* Service Instructions) as follows:

	DNBC*net* User ID:	

and without inquiry on DNBC's part as to the authority or identity of the person making or purporting to make such Instruction and regardless of the circumstances prevailing at the time of such Instruction.

DNBC shall be entitled to treat such Instruction as fully authorized by, and binding upon us, and DNBC shall be entitled but not bound to take such steps in connection with, or in reliance upon, such communication as DNBC may in good faith consider appropriate, in order to implement any instruction that could be given by us and which includes but is not limited to Instructions to pay money or otherwise to debit or credit any account, or relates to the disposition of any money or documents, or relates to any actions relevant to Commercial Transactions or purports to bind us to any agreement or other arrangement with DNBC or with any other person or to commit us to any other type of transaction whatsoever, regardless of the nature of the transaction or arrangement or the amount of money involved and notwithstanding any error or misunderstanding or lack of clarity in the terms of such Instruction. The term "Commercial Transactions" shall mean to include, but without limitation, documentary credits, bills for collection.

Procedure

All instructions given by us must be in accordance with such procedures as may be communicated to us from time to time by DNBC, which shall include, to the extent applicable, the Supplementary Agreement governing the relationship between DNBC and its customers, the Terms and Conditions of DNBC*net* which are available at www.dnbcf.com/en-ca, www.dnbcnet.com and the instructions for use that accompany the Device/ Mechanism Producing Single Use Codes. We undertake at all times to strictly comply with the procedures communicated to us from time to time and not to take or omit to take any act which would make such procedures accessible to a third party or otherwise allow or facilitate the improper or unauthorized access by any third party.

Indemnity against losses

In consideration of DNBC complying in whole or in part with the terms of this authority, we shall be responsible for all losses, claims, actions, proceedings, demands, damages, costs and expenses (collectively referred to herein as Losses) incurred or sustained by DNBC arising out of, or in connection with any Instructions received from us, except where such Losses are incurred or sustained as a result of DNBC's negligence, willful default or fraud. We further declare that the present authorization is given under our full responsibility, at our own risk, and with full knowledge of the consequences that may ensue. We agree not to make any claim against you by reason of or on account of (a) our having acted wrongly or mistakenly in giving the Instructions; or (b) your having acted wrongly or mistakenly or of your failing to act wholly or in part in accordance with our instructions provided that any act, error or omission is (i) a result of DNBC acting in good faith and a reasonable misunderstanding of the Instructions; or (ii) an error resulting from factors beyond the reasonable control of DNBC; or (iii) a result of any failure of technical equipment beyond the reasonable control of DNBC.

We undertake to safeguard any code number that might be given to us and take all the appropriate measures so as not to reveal it to any unauthorized person intentionally or unintentionally and/or negligently.

We undertake not to hold you liable for any losses, damages or expenses we may incur as a result of us not safeguarding any such code number properly and/or of any forgery and/or false impersonation and/or fraud of any kind being committed in the process of giving such instructions, orders, or communications

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mentioned above. We further undertake to indemnify you and keep you indemnified for any loss, damages and expenses you may incur as a result of the unauthorized use of any such code number and/or of the commitment of any such forgery and/or false impersonation and/or fraud as mentioned above.

We acknowledge that Instructions given either by fax or by 'message' through the DNBC*net* Service are at risk of unauthorized and improper access by third parties and we accept that any sensitive or personal information contained within the Instructions is transmitted at our own risk.

We furthermore declare that you will have no responsibility whatsoever in respect of any acts executed by you in accordance with instructions received by you in the manners aforesaid and which prove to be unauthorized, except where DNBC has knowledge or reasonable grounds to suspect that an Instruction is unauthorized or fraudulent.

We also declare and agree that if the above Instructions are subsequently confirmed in writing and delivered to DNBC either by mail or by hand, such confirmation must clearly be marked "Original instructions sent by fax and/or by 'message' through the DNBC*net* Service. Please avoid duplication. Failure on our part to do so releases DNBC from any liability whatsoever for acting twice on the same Instructions. We agree that you may debit any account in our name with any sums payable by us as a result of such Instructions.

Moreover, we acknowledge that you have the right at any time and at your discretion to refuse to act upon our instructions and/or orders and/or other communications or any part of them given by fax and/or by 'message' through the DNBC*net* Service and we expressly waive any demand, claim and/or right we may have and/or acquire against you as a result of your not acting upon all or part of our instructions and/or orders and/or other communications and/or any part of them and/or acting upon them wrongfully.

Notice of termination

The terms of this "Authority and Indemnity in respect of 'message' through the DNBC*net* Service Instructions" shall remain in full force and effect unless and until either party provides seven (7) days prior written notice of termination to the other party. Termination of this authority and indemnity will be without prejudice to the completion of Instructions already initiated and will not affect any accrued charges, or any legal rights or obligations which may have already arisen. Instructions received within the seven (7) day notice period will be completed on the same terms as if this authority and indemnity had not been terminated. Termination by either party shall not release it from any liability under this authority and indemnity in respect of any act performed by it under this authority and indemnity. Notwithstanding any of the foregoing terms of this "Authority and Indemnity in respect of 'message' through the DNBC*net* Service Instructions", nothing under this letter shall exclude or limit any statutory or regulatory duty or liability which DNBC may have to us. Notwithstanding any of the foregoing terms of this «Authority and Indemnity in respect of Instructions», nothing under this letter shall exclude or limit any statutory or regulatory duty or liability which DNBC may have to us.

3 - CUSTOMER DECLARATION

By signing these documents, I/We confirm that information provided in this Corporate Application Form to open an account with DNBC Financial Canada Limited ("DNBC") is true, complete and accurate and undertake to immediately notify the DNBC in writing of any change in the information provided by me in this questionnaire. I/We read, understood and accepted DNBC Corporate account services fees. I/We undertake to immediately notify the DNBC in writing of any intentions to perform transactions on behalf of the third persons/companies and/or to hold third persons' funds in the accounts to be opened in my company.

Please be noticed that: DNBC always conducts AML/CTF checks of Source of Fund on Incoming Transactions and/ or Outgoing Transactions for any DNBC Account that has been operating for under 3 months.

1. DNBC's Compliance Team reserves the right to send emails/ call or conduct short online Conference to ask for Transactions' Documents (Invoices/ Agreement/ Receipt of Delivery), Explanation and further Evidence to prove the genuine Business Relationship between the Account Holders and their customers as well as their suppliers. The submitted documents will be reviewed and assessed. From there onward, any of your payment to this beneficiary would not be held back if the documents/ evidence are in line with DNBC's policy.

2. The Online Conference serves the main purpose of getting your authorization for the payment which is considered necessary by the Compliance Team to prevent Fraudulent Activities.

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By signing this Application Form, I/We are aware of the information provided about AML-CTF Checks of Source of Fund on Transaction and I/We agree and are going to follow the regulations posed to the DNBC Account's holder.

By signing this Corporate Application Form of company I/We also confirm that I/We aware that the information provided in this Corporate Account Application Form and other information about me, company, the account holder, payment card holder, and the accounts held in the DNBC, which is available to the DNBC system, may be transferred to the local authority of Canada in order to international treaties on the exchange of financial account information.

Signature: *Please sign within the box. For control purposes, please cross out any unused portions.*

Authorized 1 Full name: Date :	
Authorized 2 Full name: Date :	
Authorized 3 Full name: Date :	

DNBC Financial Canada Limited Privacy Statement

In order to be informed about the processing of your personal data, your rights and other important information regarding the security and use of your data at DNBC, please read the DNBC's Privacy Statement which is available on DNBC's website: www.dnbcf.com/en-ca as well as on the DNBC*net* website: www.dnbcnet.com.

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FOR INTERNAL USE ONLY

Applicant's CIF:
DNBC*net* account name:

DNBC Financial Canada Limited Validate & Approval

DNBC validate staff name:	**DNBC approval staff name:**
Date:	**Date:**

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Sign to confirm:_____

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DECLARE YOUR TAX STATUS

1 – YOUR BUSINESS DETAIL

Company's Legal Name:			
Country of Registration:			
Registration No.:		Registration Date:	

2 – ENTITY TYPE

DNBC Financial Canada Limited does not open an account for Entity as a Financial Institution.

A. **The Entity is not a Financial Institution**			
Option	**Description**	**CRS Status**	**FATCA Status** *(not applicable for U.S. person)*
A1 ◯	**Active Business** • derives less than 50% of its gross income (for the previous calendar year) from passive income such as investments, dividends, interest, rents or royalties; and • has less than 50% of its assets being used to produce passive income for the previous calendar year. **Or** **Holding Group Service Company** • substantially all of its activities consist of holding (in whole or in part) the outstanding stock of, and providing financing and services to, one or more subsidiaries that engage in trades or businesses other than the business of a Financial Institution, and • does not operate as an investment fund, such as private equity fund, venture capital fund, leveraged buyout fund or any investment vehicle whose purpose is to acquire or fund companies and then hold interests in those companies as capital assets.	***Active NFE***	***Active NFE***
A2 ◯	**Passive Investments** • derives more than 50% of its gross income (for the previous calendar year) from passive income such as investments, dividends, interests, rents or royalties; or • has more than 50% of its assets being used to produce passive income for the previous calendar year.	***Passive NFE***	***Passive NFE***
A3 ◯	• is none of the above. Please seek professional tax advice and specify your classification below:	*Classification (please specify):* *Please complete the relevant US IRS FormW-8/W-9 and submit it together with this form.*	

3 – YOUR BUSINESS'S TAX RESIDENCY (IES)

The Entity is a tax resident of

◯	Canada	*Refer to the business registration number for the taxpayer identification number (TIN).*
◯	United States of America	*>Please also complete the IRS W-9 form.*
◯	Others	*>Please complete the table below.*

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Sign to confirm:_____

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Country of Tax Residence	Taxpayer Identification No. (TIN)	If no TIN, indicate reason *>Tick only one*
		○ Country does not issue TIN.
		○ Country does not issue TIN.
		○ Country does not issue TIN.

4 – CONTROLLING PERSON(S)

Controlling Person 1

Surname		Given name	
Identification No.:		Date of Birth:	
Residential Address			
Country		Postal code	

I am a tax resident of:

○	Canada	*Refer to the business registration number for the taxpayer identification number (TIN).*
○	United States of America	*>Please also complete the IRS W-9 form.*
○	Others	*>Please complete the table below.*

Country of Tax Residence	Taxpayer Identification No. (TIN)	If no TIN, indicate reason *>Tick only one*
		○ Country does not issue TIN.
		○ Country does not issue TIN.
		○ Country does not issue TIN.

Controlling Person 2

Surname		Given name	
Identification No.:		Date of Birth:	
Residential Address			
Country		Postal code	

I am a tax resident of:

○	Canada	*Refer to the business registration number for the taxpayer identification number (TIN).*
○	United States of America	*>Please also complete the IRS W-9 form.*
○	Others	*>Please complete the table below.*

Country of Tax Residence	Taxpayer Identification No. (TIN)	If no TIN, indicate reason *>Tick only one*
		○ Country does not issue TIN.
		○ Country does not issue TIN.
		○ Country does not issue TIN.

Controlling Person 3

Surname		Given name	
Identification No.:		Date of Birth:	
Residential Address			
Country		Postal code	

I am a tax resident of:

Sign to confirm:_____

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☐	Canada	*Refer to the business registration number for the taxpayer identification number (TIN).*
☐	United States of America	*>Please also complete the IRS W-9 form.*
☐	Others	*>Please complete the table below.*

Country of Tax Residence	**Taxpayer Identification No. (TIN)**	**If no TIN, indicate reason** *>Tick only one*
		☐ Country does not issue TIN.
		☐ Country does not issue TIN.
		☐ Country does not issue TIN.

5 – AGREEMENT

I/We confirm that all the information I/we have provided is true, accurate and complete and I/we have not withheld any information. I/We undertake to keep DNBC Financial Canada Limited ("DNBC") informed in writing, within 30 days, of any changes in circumstances that may cause any of the information in this Certification Form to become incorrect or incomplete and also undertake to provide any other additional information as may be required by DNBC and/or applicable law.

I/We agree and consent to the terms of DNBC's safeguard, including but not limited to Data Protection Policy, Safeguard, Compliance, available at https://www.dnbcf.com/en-ca/info/legal-agreements or upon request, which may require the reporting of information supplied by me/us to relevant tax authorities.
The persons named and signing below are duly authorized to complete and sign this Certification Form for and on behalf of the Entity and the Controlling Person(s) (if applicable) and to submit this Certification Form to DNBC.

Signature: *Please sign within the box. For control purposes, please cross out any unused portions.*

Authorizer 1
Full name:
Date of signature:
Passport Number:
Date of Issue:
Date of Expiry:

Authorizer 2
Full name:
Date of signature:
Passport Number:
Date of Issue:
Date of Expiry:

Authorizer 3
Full name:
Date of signature:
Passport Number:
Date of Issue:
Date of Expiry:

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RESET ALL

Sign to confirm:_____

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