## DNBC FINANCIAL CANADA LIMITED <br> CORPORATE ACCOUNT MAINTENANCE FORM

Kindly fill out the form below and return to the DNBC FINANCIAL CANADA LIMITED Office via email, fax, email, or inperson to our office: 3820 Cessna Dr Unit 120, Richmond, BC V7B 0A2, Canada.

Please select whether you are a personal customer or a corporate customer and input your information in the corresponding section below.

| PERSONAL CUSTOMER DETAILS $\bigcirc$ |  |
| :--- | :--- |
| Full Name of Client: |  |
| Name of Account Holder: |  |
| Passport No./ ID No. |  |
| Address: |  |
| DNBC FINANCIAL CANADA LIMITED <br> ACCOUNT NUMBER |  |


| CORPORATE CUSTOMER DETAILS |  |
| :--- | :--- |
| Corporate's Name: | Corporate's Number: |
| Business Address: | Legal/ Registered Address: |
|  |  |
| DNBCnet account: |  |
| DNBC FINANCIAL CANADA LIMITED <br> ACCOUNT NUMBER |  |


| Apply for: |  |  |
| :--- | :---: | :---: |
| Request OTP Email Option for Transaction | $\square$ | Find detail information in the section below: |
| Temporarily suspending my/our DNBCnet Account | $\square$ |  |
| Unsuspending my/our DNBCnet Account | $\square$ |  |
| Deactivating Two-Factor Authentication (2FA Method) | $\square$ |  |

*Kindly fill in the detailed information below if you apply for that option(s).

## Temporarily suspending my／our DNBCnet Account

Specify the time for deactivation

## Unsuspending my／our DNBCnet Account

Specify the time for re－activation and unsuspension

## Deactivate Two－Factor Authentication（2FA Method）

| Account number |  |
| :--- | :--- |
| Name of Account Holder |  |
| Specify the time for deactivation |  |

## Customer Declaration

I confirm that the information given above is correct and complete and authorize DNBC Financial Canada Limited to confirm the details from any sources it may choose．I have read and understood the Terms and Conditions and agree to be governed by them．

| Signature of the Account Holder |
| :--- |
|  |
| Name，surname： |
| Date： |

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Financial Group

| FOR DNBC FINANCIAL CANADA LIMITED USE ONLY |  |  |  |
| :--- | :--- | :--- | :--- |
| Authorized by： |  | Proceeded by： |  |
| Date： |  | Date： |  |
| Signature | Signature |  |  |

