



General Information

INTERNAL USE ONLY

LEGAL NAME OF BUSINESS _____

BRANCH: _____

COMPANY REGISTRATION NO.: _____

CIF #: _____

GIIN (IF APPLICABLE):	BUSINESS TAX No:	TAXPAYER IDENTIFICATION TYPE:	<input type="checkbox"/> TRN <input type="checkbox"/> TIN <input type="checkbox"/> EIN <input type="checkbox"/> ITIN <input type="checkbox"/> NI <input type="checkbox"/> SSN
PHONE NO:	FAX:	TAXPAYER IDENTIFICATION NO:	COUNTRY OF ISSUE:
EMAIL:	DATE OF INCORPORATION:	COUNTRY OF INCORPORATION:	

Address Information

Address of Registered Office:	STREET ADDRESS		
DISTRICT/CITY/TOWN	PARISH/STATE/PROVINCE/COUNTY	ZIP CODE/POSTAL CODE	COUNTRY
Mailing Address:	STREET ADDRESS		
DISTRICT/CITY/TOWN	PARISH/STATE/PROVINCE/COUNTY	ZIP CODE/POSTAL CODE	COUNTRY

Business Activity Information

Business Type:	<input type="checkbox"/> Sole Trader <input type="checkbox"/> Simple Trust <input type="checkbox"/> Complex Trust <input type="checkbox"/> Estate	<input type="checkbox"/> Corporation <input type="checkbox"/> Private Foundation <input type="checkbox"/> Disregarded Entity <input type="checkbox"/> Grantor Trust	<input type="checkbox"/> Tax Exempt Organization <input type="checkbox"/> Government <input type="checkbox"/> Central Bank of Issue <input type="checkbox"/> Partnership
US Tax Status:	<input type="checkbox"/> Participating FFI <input type="checkbox"/> Active NFFE <input type="checkbox"/> Non Profit Organization	<input type="checkbox"/> Non Participating FFI <input type="checkbox"/> Exempt Beneficial Owner <input type="checkbox"/> Other: _____	<input type="checkbox"/> Registered Deemed Compliant <input type="checkbox"/> Passive NFFE

State brief description of business activity:

Will the business handle any money for third party: Yes No



State the nature of the arrangement with third party:

Names of Directors (List the names of the two primary Directors first)	Names of Shareholders (List the names of the primary Shareholders)	% Shareholding
1	1	
2	2	
3	3	
4	4	
5	5	

Names of Signing Officers

1	2	3	4
5	6	7	8

Authorized Bearers

NAME	ID TYPE	ID NO.	EXPIRY DATE

Expected Wire Transfer Activity

NAME OF RECEIVER	RECEIVING BANK	PURPOSE	AMOUNT

Special Instructions



To: The Directors of the Victoria Mutual Building Society

- _____ request that we be admitted as members of the Society in respect of _____ shares.
- _____ request to be admitted as depositor(s) of the Society.

Account Information

A/C #:	CURRENCY: <input type="checkbox"/> JA <input type="checkbox"/> US <input type="checkbox"/> CDN <input type="checkbox"/> GDP		
DATE OPENED:	PRODUCT TYPE:	RECEIPT NO.:	BRANCH:
REFERENCE NO.:	SEND EMAIL: <input type="checkbox"/> YES <input type="checkbox"/> NO		

Purpose of Account:	Source of Funds:
	INITIAL
	ONGOING

Interest Disposition: CAPITALIZE PAY BY CHEQUE TRANSFER % OF INTEREST TO A/C#

ACCOUNT MANDATE:	EXPECTED MONTHLY DEPOSITS:
MANDATE FOR PLEDGING FUNDS:	EXPECTED MONTHLY WITHDRAWALS:

Special Instructions:

Supporting Documents

Please tick to indicate the documents submitted:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Memorandum /
Articles of Incorporation | <input type="checkbox"/> Certificate of Incorporation | <input type="checkbox"/> Tax Identification Resolution | <input type="checkbox"/> Valid Identification and TRN |
| <input type="checkbox"/> Financial Statements | <input type="checkbox"/> Certificate of Registration
of Business Name | <input type="checkbox"/> to establish account with
signing authority Letter of | <input type="checkbox"/> Form W-9 |
| <input type="checkbox"/> Reference Letters | <input type="checkbox"/> Partnership Agreement | <input type="checkbox"/> Good Standing | <input type="checkbox"/> Form W-8-BEN-E |
| | | | <input type="checkbox"/> Privacy Waiver |



PROXY APPOINTMENT

The company hereby appoint the Chairman of the Board of Directors of the Society or any director or officer of the Society from time to time nominated by him as my Proxy to vote for me on my behalf at all meetings of the Society. This appointment shall remain valid and effective until revoked by me in accordance with the Rules of the Society.

Acknowledgement and Disclosure

ACKNOWLEDGEMENT

We acknowledge that information requested by this form is required for the purpose of the Society complying with its legal and regulatory requirements. In the event that full and adequate information is not provided to the Society, the Society hereby expressly reserves the right at its sole discretion to close the account upon giving at least fourteen (14) days prior notice in writing.

DISCLOSURE

The Society is hereby authorised to disclose to third parties any information about the account holder, Director, Shareholder and the accounts held by the account holder and shall not be liable whatsoever in relation to any information disclosed in any or all of the following circumstances:

- a) To subsidiaries and affiliates of the Society including overseas operations
- b) To provide your personal and non personal information to credit agencies or credit bureaus as a credit information provider or in response to credit inquiries by other financial institutions or credit agencies or credit bureaus AND to request personal and non personal information from credit agencies or credit bureaus, financial institutions or any creditor in respect of your creditworthiness
- c) If the Society shall deem it necessary to make such disclosures to protect the interest of the Society from any harm, loss or injury
- d) To comply with any requirement for disclosure imposed by laws applicable to the business activities and operations of the Society, or pursuant to the directives of the court having jurisdiction in relation to the business activities and operations of the Society, or to such duly empowered government agency or department or in circumstances where applicable laws of a foreign jurisdiction applies to the business activities and operations of the Society, including but not limited to compliance with financial regulatory requirements and tax compliance laws.
- e) In any other circumstances in which the account holder shall give written authorization to make such disclosure
- f) To government authorities in other countries where you hold residency or citizen status or you are subject to the applicable taxation laws in such other countries in respect of accounts held with the Society, in compliance with laws in respect to foreign account reporting requirements or any agreement entered into by the Society with such government agency

Executed under the common seal of the Company

By Director/Secretary/Proprietor _____ *Name* _____ *Signature*

By Director/Secretary/Proprietor _____ *Name* _____ *Signature*

Please affix company seal



Corporate Resolution for the operation of accounts with The Victoria Mutual Building Society (“The Society”)

Company’s Registered Name: _____

Registered Address: _____

It is hereby resolved by the Company on the _____ day of _____ 20_____

THAT:

1. The Company shall operate accounts with the Society to be opened and maintained in the name of the Company; and the Company is hereby further authorized through its authorized officers to execute all agreements, instruments and documentation prescribed by the Society for the purposes of establishing and operating accounts with the Society.
2. The Company is hereby authorized by its signing officers as advised in writing by a Director or the Secretary of the Company to operate accounts with the Society, to give instructions for withdrawal, transfer of funds, verifications and approvals to the Society in relation to all transactions to be conducted on the accounts. In the event of any change of signing officers, a Director or the Secretary of the Company is duly authorized to issue to the Society a revised Certificate of Officers specifying the newly authorized officers to operate the account and the Society shall be fully protected in relying upon any such certifications. The Company shall indemnify and hold the Society harmless from any claims, demands, expenses or loss or damage resulting from the honouring of signatures of any person so certified or for refusing to honour any signature not certified by the Company.
3. The Company is hereby authorized to exercise powers to borrow money and to secure the repayment of any such loan thereof with such assets of the Company as may be prescribed the Society as the required collateral for the purposes of securing the indebtedness of the Company.
4. All agreements, documentation, instruments and instructions executed by the authorized officers on behalf of the Company are valid and binding on the Company and it is hereby confirmed the Company’s seal is not required to be affixed to any written document in order to make such written document valid, binding and enforceable
5. This resolution remains in effect until written notice of cancellation has been provided to the Society and receipt of which is duly acknowledged by the Society.

The Company hereby confirms and warrants the above resolution was passed in accordance with the full authority and powers vested in the directors and officers of the Company.

Executed by:

<i>Name</i>	<i>Signature</i>	<i>Director/Secretary</i>
<i>Name</i>	<i>Signature</i>	<i>Director/Secretary</i>