

CORPORATE CLIENT IDENTIFICATION AND VERIFICATION FORM

Identification of Organization (Rule 1022)

Date: _____

Information recorded by: _____

Organization's full name: _____

Organization's business address and telephone number:

Address: _____

Phone: _____

Fax: _____

Email: _____

Person(s) authorized to instruct:

Name: _____

Position: _____

Contact Information if different from above:

Address: _____

Phone: _____

Fax: _____

Email: _____

If the Organization is not a financial institution, public body or reporting issuer, also record the following:

Organization's incorporation or business identification number and place of issue:

Number: _____

Place of issue: _____

Nature of business or activity: _____

Verification of Organization
(Rules 1023 and 1025)

Names and occupations of Directors (unless Organization is a securities dealer):

Names, address and occupations of shareholders who own more than 25%:

Original document reviewed and copy attached verifying person(s) authorized to instruct:

Driver's License: _____	Birth Certificate: _____
Passport: _____	Other: _____
Attestation: _____	

Original document reviewed and copy attached verifying Organization's identity:

Corporate Profile Report: _____	Partnership Agreement: _____
Trust Agreement: _____	Other: _____

If you are unable to obtain the verification information above, please record all steps taken to obtain the information on a separate page and attach to this form.