

PACIFIC & WESTERN BANK OF CANADA - CLIENT INFORMATION FORM

This form must **always** accompany the GIC application/savings account opening agreement

Personal Details of Depositor (mandatory for each depositor)

<u>FIRST NAME OF DEPOSITOR</u>	<u>MIDDLE</u>	<u>LAST NAME</u>	<u>()</u> HOME PHONE NUMBER
<u>CIVIC ADDRESS</u>	<u>PROVINCE</u>	<u>POSTAL CODE</u>	<u>()</u> BUSINESS PHONE NUMBER
<u>RESIDENCY INFORMATION FOR TAXATION PURPOSES (Country and Province/State)</u>			<u>EMAIL ADDRESS</u>
<u>TYPE OF VALID ID</u>	<u>REFERENCE NUMBER</u>	<u>PLACE OF ISSUE</u>	<u>SOCIAL INSURANCE NUMBER</u>
1. _____	_____	_____	<u>DATE OF BIRTH (dd/mm/yy)</u>
2. _____	_____	_____	<u>PRINC. BUS. OR OCCUPATION</u>

<u>FIRST NAME OF DEPOSITOR</u>	<u>MIDDLE</u>	<u>LAST NAME</u>	<u>()</u> HOME PHONE NUMBER
<u>CIVIC ADDRESS</u>	<u>PROVINCE</u>	<u>POSTAL CODE</u>	<u>()</u> BUSINESS PHONE NUMBER
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1. _____	_____	_____	<u>DATE OF BIRTH (dd/mm/yy)</u>
2. _____	_____	_____	<u>PRINC. BUS. OR OCCUPATION</u>

Consent to the Collection, Use and Disclosure of Personal Information

By signing this Client Information Form below, you consent to your deposit broker collecting your personal information contained on this Client Information Form and from time to time providing this information to one or more financial institutions for the sole purpose of transacting deposit business on your behalf. You also consent to the use, retention and disclosure of your personal information by such financial institutions, as is reasonably required by them, in connection with the establishment and maintenance of an account in your name, to meet legal and regulatory requirements, and for statistical, audit and security purposes.

I have read the above paragraph and hereby give my consent to the collection, use and disclosure of the personal information as described therein. I confirm that the information provided is true and accurate and I agree to make the deposit broker aware of any changes to the personal information contained on this form. **I further authorize the deposit broker named below to accept my verbal instructions.**

Signature—Primary Account Holder

Signature—Secondary Account Holder

Date

Third Party Declaration

Is this deposit being purchased on behalf of a third party or is the account being opened by or on behalf of a third party? ? Yes ? No

If yes, please complete the following:

Other Party's Name & Address _____

Other Party's Principal Business or Occupation: _____

Other Party's Relationship to Account Holder: _____

I, as authorized representative of the deposit broker, certify that I i) have personally met with the authorized signatories listed above, ii) have viewed the original identification records listed above and verified that such identification is valid, iii) having made reasonable inquiries, have no reason to believe that the client is acting on behalf of a third party or, if so, has provided the required third party information, and iv) have witnessed the individual(s) sign this document.

Deposit Broker Name/Number: _____

Representative Name/Number: _____ Signature: _____ Date: _____