

In accordance with the *Proceeds of Crime (Money Laundering) and Terrorist Financing Act*, National Bank Financial Inc., operating under the National Bank Direct Brokerage trademark for its operations without advice services, must obtain information on any person who uses or benefits from a brokerage account held by an holder or co-holder, if applicable.

Persons authorized to give instructions and persons on behalf of whom an account is administered under an act, judgement or any other similar document (mandate in case of incapacity, power of attorney, tutorship, etc.) are **not** required to complete this form.

ACCOUNT HOLDER(S)

Ms. Mr.

Surname of the Account holder		First Name	Initial
Surname of the Account co-holder (if applicable)		First Name	Initial
Indicate the number of the account to be used by or on behalf of a third party			

INFORMATION ON THE THIRD PARTY

If the third party is an individual

Surname		First Name	Date de Birth (MM DD YYYY)	
Home Address (may not be a P.O Box)	City	Province	Country	Postal Code
Principal Business or Occupation	Relationship to Account holder(s)		Telephone No.	

If the third party is a corporation

Name of Corporation				
Address	City	Province	Country	Postal Code
Incorporation No.	Place of Issue			
Nature of principal business	Relationship to Account holder(s)		Telephone No.	

If the third party is an entity other than a corporation

Name of Entity				
Address	City	Province	Country	Postal Code
Nature of principal business	Relationship to Account holder(s)		Telephone No.	

Comments: _____

	X		X
Date (MM DD YYYY)	Signature of the Account holder		Signature of the Account co-holder (if applicable)