



Application No.:

Internal identifier No. (optional):

Transit

Employee's name

Telephone No.

Date (YYYY MM DD)

☐ Opening (legal entity – new or existing)

☐ Change in conditions governing signatures

☐ Change in authorized representatives

☐ Change in directors or beneficial owners

☐ Change in legal name

☐ Change in address and/or information about the legal entity

1. INFORMATION ABOUT THE LEGAL ENTITY

1.1 Identification

Legal name/First name and last name of person operating a sole proprietorship

Trade name (name under which business operates), if applicable

Legal name in foreign language (optional)

Other trade name (optional)

Address of head office (mandatory)

City

Province

Country

Postal or ZIP code

☐ 1 Owner ☐ 2 Tenant ☐ 3 Occupant

Mailing address (if different)

City

Province

Country

Postal or ZIP code

☐ 1 Owner ☐ 2 Tenant ☐ 3 Occupant

C/O: (Contact person for receiving mail), if required

☐ 1 French
☐ 2 English

Telephone numbers of entity (one mandatory)

☐ 1 Personal ☐ 1 Telephone ☐ 3 Fax
☐ 2 Professional ☐ 2 Cell

Country

Number

Extension

☐ 1 Personal ☐ 1 Telephone ☐ 3 Fax
☐ 2 Professional ☐ 2 Cell

Country

Number

Extension

Electronic address of entity (optional)

☐ 1 Personal ☐ Email
☐ 2 Professional

Social network

☐ 1 Personal ☐ 2 Professional

☐ 1 Personal ☐ 2 Professional

Website

1.2 General information

Sole proprietorship

☐ Operating under the owner's name

☐ Operating under a trade name

Corporation (company, etc.)

☐ Federal jurisdiction

☐ Provincial jurisdiction _____ (province)

☐ Foreign jurisdiction _____ (country)

☐ Not-for-profit corporation (**Complete section 2**)

☐ Public, religious corporation

☐ Homeowners Association/Syndicate of co-owners (Quebec)

☐ Political party _____ (Fed. Prov. Mun.)

☐ Other _____

Partnership

☐ General partnership

☐ Undeclared partnership (Quebec)

☐ Limited liability partnership

☐ Limited partnership

☐ Association (**Complete section 2**)

Investment club

Trust _____ (type)

Trust with discretionary or contingent beneficiaries

Refers to a trust which gives the trustees the discretionary power to distribute the trust property among a number of beneficiaries or whose beneficiaries are contingent.

Indicate if there are discretionary or contingent beneficiaries ☐ Yes ☐ No

If you answered yes, you are required to report discretionary or contingent beneficiaries as related parties to the trust in the calendar year in which those beneficiaries receive - or are entitled to receive - a direct or indirect, discretionary or mandatory distribution from the trust in accordance with the requirements of the CRA. As a trustee you will be required to submit a new self-certification when making a distribution to a new beneficiary that was not previously disclosed in the previous self-certification.

Political entity (candidate, embassy, consulate) _____

To be formed _____

Provincial business No.: _____

Federal business No.: _____

Stock exchange: _____

Date established (mandatory): _____
YYYY MM DD

Date of fiscal year-end: _____
YYYY MM DD

Operations in foreign countries? ☐ Yes ☐ No

If yes, specify: _____

Detailed description of operations – main activity (mandatory): _____

Percentage – main activity (mandatory): _____ %

Annual sales or income: \$ _____

No. of employees: _____

Date operations started (YYYY MM DD)
(mandatory)

Date relationship with NB and subsidiaries
started (YYYY MM DD)

Detailed description of operations – secondary activity (optional): _____

Percentage – secondary activity (optional): _____ %

First and last name of contact at legal entity (optional)

Title:	Telephone No.	Ext.	E-mail address (optional)
--------	---------------	------	---------------------------

2. INFORMATION ABOUT THE ACCOUNT(S) (Complete the following section for each account covered by this application.)

A) Brokerage account

<input type="checkbox"/> CAD	<input type="checkbox"/> USD	Account No.: _____	Transit: _____
<input type="checkbox"/> Cash	<input type="checkbox"/> Margin	<input type="checkbox"/> Marge with short selling	
<input type="checkbox"/> Delivery/receipt against payment	<input type="checkbox"/> Hedge	<input type="checkbox"/> Escrow	<input type="checkbox"/> Investment fund registered in the client's name

Will the account be used by or on behalf of a third party? ☐ Yes ☐ No If yes, complete *Information about the third party*

Indicate how the account will be used:

☐ Short-term saving ☐ Long-term investing ☐ Speculating ☐ Other, specify: _____

Indicate source(s) of funds:

<input type="checkbox"/> Business operating income	<input type="checkbox"/> Insurance settlement	<input type="checkbox"/> Rental income
<input type="checkbox"/> Investment with National Bank or its subsidiaries	<input type="checkbox"/> Sale of property	
<input type="checkbox"/> Investment with other financial institutions	<input type="checkbox"/> Sale of furniture, equipment or vehicle	
<input type="checkbox"/> Venture capital	<input type="checkbox"/> Other, specify: _____	

B) Brokerage account

<input type="checkbox"/> CAD	<input type="checkbox"/> USD	Account No.: _____	Transit: _____
<input type="checkbox"/> Cash	<input type="checkbox"/> Margin	<input type="checkbox"/> Marge with short selling	
<input type="checkbox"/> Delivery/receipt against payment	<input type="checkbox"/> Hedge	<input type="checkbox"/> Escrow	<input type="checkbox"/> Investment fund registered in the client's name

Will the account be used by or on behalf of a third party? ☐ Yes ☐ No If yes, complete *Information about the third party*

Indicate how the account will be used:

☐ Short-term saving ☐ Long-term investing ☐ Speculating ☐ Other, specify: _____

Indicate source(s) of funds:

<input type="checkbox"/> Business operating income	<input type="checkbox"/> Insurance settlement	<input type="checkbox"/> Rental income
<input type="checkbox"/> Investment with National Bank or its subsidiaries	<input type="checkbox"/> Sale of property	
<input type="checkbox"/> Investment with other financial institutions	<input type="checkbox"/> Sale of furniture, equipment or vehicle	
<input type="checkbox"/> Venture capital	<input type="checkbox"/> Other, specify: _____	

NOT-FOR-PROFIT CORPORATION OR ASSOCIATION (NPO) (Reference: Section 1.2)

In Section 1.2, if you ticked "Not-for-profit corporation" or "Not-for-profit association," provide the following information.

Is the applicant:

A registered charitable organization with Canada Revenue Agency (CRA)? ☐ Yes ☐ No

If no, is it an organization, other than a registered charitable organization, that collects cash charitable donations from the public? ☐ Yes ☐ No

Registered charitable organizations:

- Charitable organization or a private or public foundation, located in Canada, where it was incorporated and established;
- Division – annex, section, parish, congregation or other – of a charitable organization or a private or public foundation, located in Canada, where it was incorporated and established, and receives donations on its own behalf.

INFORMATION ABOUT THE THIRD PARTY (Reference: Section 2)

In Section 2, if you answered "Yes" to the question "Will the account be used by or on behalf of a third party?", provide the following information for each account for which you answered "Yes."

For an account opening, a third party is an individual, a corporation or an entity other than a corporation that is neither the account holder nor the person authorized to give instructions about the management of the account (product), but who has an interest in the account (product) or who guides its operation through the account holder.

Account: ☐ A) ☐ B)

Last and first name of the individual or legal/trade name of the entity

If individual: date of birth (YYYY MM DD)	If corporation, incorporation No.	Registration province or state	Registration Country
---	-----------------------------------	--------------------------------	----------------------

Address	City	Province	Country	Postal or ZIP code
---------	------	----------	---------	--------------------

Telephone No. (work)	Ext.	Telephone No. (home)	E-mail address (optional)
----------------------	------	----------------------	---------------------------

Nature of entity's business or individual's occupation/profession	Relationship between third party and legal entity
---	---

Account: ☐ A) ☐ B)

Last and first name of the individual or legal/trade name of the entity

If individual: date of birth (YYYY MM DD)	If corporation, incorporation No.	Registration province or state	Registration Country
---	-----------------------------------	--------------------------------	----------------------

Address	City	Province	Country	Postal or ZIP code
---------	------	----------	---------	--------------------

Telephone No. (work)	Ext.	Telephone No. (home)	E-mail address (optional)
----------------------	------	----------------------	---------------------------

Nature of entity's business or individual's occupation/profession	Relationship between third party and legal entity
---	---

3. INFORMATION ABOUT THE RELATED PERSONS OF THE LEGAL ENTITY

Information to be documented based on the role of the related person

Note: If the person has more than one role, the mandatory information for all the roles must be documented.

	Last name, first name, function, occupation	Date of Birth	S.I.N.	Address	% of ownership, direct or indirect	Country of citizenship	Identity documents (type, reference, origin, expiry)	All other information
Authorized representative (Sole proprietorship)	Mandatory	Mandatory	Mandatory	Mandatory	Not applicable	Not required	One photo ID mandatory	Optional
Authorized representative (Corporation and other entity)	Mandatory	Mandatory	Optional	Mandatory	Not applicable	Not required	One photo ID mandatory	Optional
Director (Corporation)	Mandatory	Optional	Optional	Optional	Not applicable	Not required	Not required	Optional
Beneficial owner	Mandatory	Optional	Optional	Mandatory	Mandatory	Mandatory	One photo ID mandatory (Except for beneficiaries and settlor of a trust)	Optional

☐ No individual owns or controls, directly or indirectly, 25% or more of the legal entity.

Provide information about all authorized representatives, directors (in the case of a corporation), and beneficial owners, i.e., the individuals who own or control, directly or indirectly, 25% or more of the legal entity. There is indirect ownership or control when control is exercised or the financial interest in the legal entity is held by another legal entity rather than by an individual. In this case, provide the information requested for the individual(s) who is(are) the beneficial owner(s) of this legal entity or that control(s) it. For a trust, provide required information about all trustees, beneficiaries and settlors.

If you have an organization chart of the legal entity, attach it to this form.

Title: <input type="checkbox"/> President <input type="checkbox"/> Vice-President <input type="checkbox"/> Secretary <input type="checkbox"/> Other:						Tick all the choices that apply. <input type="checkbox"/> Authorized representative <input type="checkbox"/> Beneficial owner <input type="checkbox"/> Director		
Last name			First name					
S.I.N.		Date of birth (YYYY MM DD)		Occupation/Profession			Citizenship	
Address (No. and street)			City		Province		Country	Postal Code
Telephone No. (home)		Telephone No. (work)		Ext.			E-mail address (optional)	
If beneficial owner: _____ % ownership								
Beneficial ownership in the legal entity: <input type="checkbox"/> Direct owner <input type="checkbox"/> Indirect owner <input type="checkbox"/> Shareholder <input type="checkbox"/> Partner <input type="checkbox"/> Beneficiary <input type="checkbox"/> Settlor								
Employer (optional)				Nature of employer's business (optional)				
Identity documents: <input type="checkbox"/> Driver's licence <input type="checkbox"/> Passport <input type="checkbox"/> Health insurance card (if permitted by law) <input type="checkbox"/> Other:								
Reference No.		Province of issue		Country of issue			Expiry date (YYYY MM DD)	

If using a non face-to-face identification method, complete the appropriate form.

The beneficial owner is: i) an insider; or ii) an officer or director; or iii) a controlling shareholder; or iv) the related person who owns or exercises control over 10% or more of the voting shares of a corporation whose shares are traded on a stock exchange or on over-the-counter markets.

For a trust, the beneficial owner of more than 10% is: i) an insider; or ii) an officer or director; or iii) a controlling shareholder; or iv) the related person who owns or exercises control over 10% or more of the voting shares of a corporation whose shares are traded on a stock exchange or on over-the-counter markets.

☐ Yes ☐ No If yes, indicate: Name of corporation(s): Ticker symbol(s):

Title: <input type="checkbox"/> President <input type="checkbox"/> Vice-President <input type="checkbox"/> Secretary <input type="checkbox"/> Other:						Tick all the choices that apply. <input type="checkbox"/> Authorized representative <input type="checkbox"/> Beneficial owner <input type="checkbox"/> Director		
Last name			First name					
S.I.N.		Date of birth (YYYY MM DD)		Occupation/Profession			Citizenship	
Address (No. and street)			City		Province		Country	Postal Code
Telephone No. (home)		Telephone No. (work)		Ext.			E-mail address (optional)	
If beneficial owner: _____ % ownership								
Beneficial ownership in the legal entity: <input type="checkbox"/> Direct owner <input type="checkbox"/> Indirect owner <input type="checkbox"/> Shareholder <input type="checkbox"/> Partner <input type="checkbox"/> Beneficiary <input type="checkbox"/> Settlor								
Employer (optional)				Nature of employer's business (optional)				
Identity documents: <input type="checkbox"/> Driver's licence <input type="checkbox"/> Passport <input type="checkbox"/> Health insurance card (if permitted by law) <input type="checkbox"/> Other:								
Reference No.		Province of issue		Country of issue			Expiry date (YYYY MM DD)	

If using a non face-to-face identification method, complete the appropriate form.

The beneficial owner is: i) an insider; or ii) an officer or director; or iii) a controlling shareholder; or iv) the related person who owns or exercises control over 10% or more of the voting shares of a corporation whose shares are traded on a stock exchange or on over-the-counter markets.

For a trust, the beneficial owner of more than 10% is: i) an insider; or ii) an officer or director; or iii) a controlling shareholder; or iv) the related person who owns or exercises control over 10% or more of the voting shares of a corporation whose shares are traded on a stock exchange or on over-the-counter markets.

☐ Yes ☐ No If yes, indicate: Name of corporation(s): Ticker symbol(s):

ATTENTION: If more than two (2) related persons, attach an additional copy of this page.

☐ Copy for additional related persons attached.

4. POWERS AND AUTHORIZATIONS (not applicable for sole proprietorship)

	Number of signatures required	Authorized representatives	
Exercise the powers specified in the resolution indicated in Section A.1 of Appendix A of this document.	1	<div><input type="checkbox"/> PRESIDENT</div> <div><input type="checkbox"/> VICE-PRESIDENT</div> <div><input type="checkbox"/> SECRETARY</div> <div><input type="checkbox"/> OTHER (specify):</div> <div><input type="checkbox"/> OTHER (specify):</div>	According to policies in effect, a separate resolution from a legal entity cannot be accepted.

5. CONSENT AND SIGNATURES

Note: This section must be signed (i) by the owner of a sole proprietorship; the president and secretary or the sole director of a corporation; the partners (partnership) or members (association or investment club) or trustee of an entity other than a corporation in order, in particular, to confirm the provisions and conditions for managing the accounts of the legal entity included in this form, ii) by all the authorized representatives, and iii) by all the beneficial owners.

The legal entity represents and warrants that (i) the resolutions and other authorizations contained in Appendix A of this form have been duly adopted in accordance with applicable legislation and that (ii) its documents of incorporation, by-laws, resolutions and all other rules governing its operations and internal governance are compliant, in force and do not limit its power to enter into agreements with National Bank Financial Inc. and that (iii) the signatures of the authorized representatives are their bona fide signatures.

By signing this form, the legal entity and each of the signatories hereof agree, on their behalf and on behalf of the third parties identified on the form and for which information is obtained, that the information required be collected from other subsidiaries of National Bank of Canada which may already have this information, used and shared with other subsidiaries of National Bank of Canada for identification or identity verification purposes, protection against fraud and errors, risk management, the updating of information collected, and compliance with legislative and regulatory requirements in force.

The legal entity and each of the signatories hereof confirm that the information they provided about themselves is accurate and complete and, if they provided information about other persons or entities hereunder, this information is accurate and complete and they obtained the consent of the persons concerned for the collection, use and sharing of this information for the purposes set out above.

The legal entity acknowledges that the information provided to National Bank of Canada concerning the beneficial owners (including shareholders and associates) as well as the information concerning the related entities are accurate. If applicable, the legal entity declares that the organization chart attached to this application form is a true and updated representation of its interests in the ownership, the control and the legal structure of its business and agrees to immediately advise the Bank of any change thereof.

☐ If document attached, specify:

Name of legal entity (in block letters)	Date (YYYY MM DD)

Signature X	Signature X
Name and title	Name and title
Signature X	Signature X
Name and title	Name and title
Signature X	Signature X
Name and title	Name and title

6. ADDITIONAL INFORMATION (if applicable)

7. FOR INTERNAL USE ONLY

If applicable:

Date (YYYY MM DD)	X Employee's signature
First and last name of the authorized officer of the business unit	
Date (YYYY MM DD)	X Signature

APPENDIX A

A.1 RESOLUTION

If the legal entity is a corporation, the following resolution was duly adopted by its board of directors and is still in full force and effect. If the legal entity is a partnership, an association, an investment club, or a trust, the following provisions govern its relationships.

IT IS RESOLVED THAT:

1. Each representative whose name and signature appears herein ("Authorized representative") be authorized to do the following:
 - a) Open and close accounts in the name of the legal entity at National Bank Financial Inc. ("NBF") including, in particular, any cash accounts, margin accounts, option accounts, futures accounts, overdraft accounts or hedge accounts;
 - b) Sign, in the name of the legal entity, all documents relating to the opening, closing, administration and use of such account(s), including agreements, instructions and other documents, such as guarantees, in accordance with the conditions approved by the Authorized representative, such approval being hereinafter conclusively certified by the Authorized representative's signature on the relevant document(s).
2. Each Authorized representative may take measures regarding the account(s) opened at NBF in the name of the legal entity, including performing any transactions in the account(s) in the name and at the risk of the legal entity or in connection with its account at NBF, including in particular buying (on margin or otherwise), selling (including short-selling), delivering or trading stocks, bonds, options, debentures, futures, bills of exchange or any other securities of any kind, including doing the following:
 - a) Without restriction as to the beneficiary, sign, draw, issue, accept, authorize and endorse any cheques, notes, bills of exchange, money orders, payment authorizations, transfers, electronic fund transfers and any other documents in the name of the legal entity and, deposit, withdraw and transfer any amount of money or any security in the name of the legal entity;
 - b) Give and receive notices and confirmations in the name of the legal entity and approve the statements of account;
 - c) Obtain loans or cash advances, including in particular, margin advances and account overdrafts in the name of the legal entity and in accordance with the conditions that the Authorized representative may approve, including in particular, conditions concerning the interest rate, term, amortization and terms and conditions of repayment of such loans or cash advances, said approval hereinafter conclusively certified by the Authorized representative's signature on the relevant document(s);
 - d) Give NBF a guarantee for the debts or responsibilities of any individual, business or company, for a limited or unlimited amount, with or without security;
 - e) Transfer, assign, encumber, charge or hypothecate all or part of the legal entity's assets, personal or real, tangible or intangible, present and future property or grant security or priority on the above, in any manner whatsoever, to guarantee the execution of the legal entity's obligations towards NBF.
3. All measures taken and all documents signed, delivered, filed or registered before the date of this resolution by an Authorized representative or director of the legal entity in connection with the matters addressed in this resolution be approved, ratified and confirmed, and all the measures mentioned above taken in the name of the legal entity by an Authorized representative are ratified and shall be valid and enforceable on the legal entity.
4. This resolution remains in force and effect until it is replaced by another resolution delivered by registered mail at the following address:

National Bank Financial Inc.
Account Opening and Documentaion Management
Place du Canada
1010 De La Gauchetiere Street West, Mezz. 100
Montreal, Quebec H3B 5J2

This substitute resolution shall take effect on the third business day after it is received by NBF.

A.2 DEFINITIONS

Passive Income: means the portion of gross income that consists primarily of dividends, interest, income equivalent to interest, annuities, royalties, certain rents, gains on derivative transactions (excluding hedging), foreign exchange gains, net income from a notional principal contract, amounts received under cash value insurance contracts.