FIRST CANADIAN DEPOSITORY

ACCOUNT APPLICATION FORM - SCHEDULE "A"

ENTITY

INDIVIDUAL	BUSINESS
○ Individual	○ Proprietorship ○ Partnership ○ Corporation
Required Documents:	***Required Documents:***
• Copy of 2 pieces of **Photo ID**	• Copy of **Articles of Incorporation** or **Formation;** • Copy of 2 pieces of **Photo ID**

OFFICE USE ONLY	☐ REFUSE ☐ APPROVE
ACCOUNT #	
COMMENTS	

ACCOUNT OWNER

TITLE	FIRST NAME	INITIALS	LAST NAME

ADDRESS	CITY	COUNTRY	PROVINCE	POSTAL CODE

PHONE#	E-MAIL	FAX #

LEGAL BUSINESS NAME	DBA	HST #

AUTHORIZED REPRESENTATIVES *Provide a copy of a driver's license or signer's passport for verification purposes*

1	FIRST NAME	LAST NAME	DOB (MM/DD/YYYY)
			_ _ / _ _ / _ _ _ _

DRIVER'S LICENCE #	PASSPORT #	CELLPHONE #

AUTHORIZED TO WITHDRAW	○ YES	○ NO	SIGNATURE
AUTHORIZED TO TRANSFER	○ YES	○ NO	

2	FIRST NAME	LAST NAME	DOB (MM/DD/YYYY)
			_ _ / _ _ / _ _ _ _

DRIVER'S LICENCE #	PASSPORT #	CELLPHONE #

AUTHORIZED TO WITHDRAW	○ YES	○ NO	SIGNATURE
AUTHORIZED TO TRANSFER	○ YES	○ NO	

3	FIRST NAME	LAST NAME	DOB (MM/DD/YYYY)
			_ _ / _ _ / _ _ _ _

DRIVER'S LICENCE #	PASSPORT #	CELLPHONE #

AUTHORIZED TO WITHDRAW	○ YES	○ NO	SIGNATURE
AUTORIZED TO TRANSFER	○ YES	○ NO	

BILLING ADDRESS ☐ *-if the same as of account owner's*

ADDRESS	CITY	COUNTRY	PROVINCE	POSTAL CODE

PHONE #	E-MAIL	FAX #

NAME – PLEASE PRINT	SIGNATURE	DATED