

New Client Application Form

(to be completed by Registered Representative)

Account Supervision			
Office	Account		R.R.

(1) (a) Name
(Please Print)
 Home
(Street)
 Address
(City) (Province) (Postal Code)
 Date of Birth Client's Social Insurance Number Client's Citizenship

Phones: Home
 Business
 Other
 Fax

Type of Account Requested:

(b) Is RR registered in the Province or Country in which the client resides? Yes No
 Cash RRSP/RRIF U.S. Funds
 Margin Other
 D.A.P Pro CDN Funds

(2) Special Instructions: Hold in Account Register And Deliver DAP Duplicate Confirmation And/Or Statement Name: Address: Postal Code:	Name: Address: Postal Code:
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(3) Client's Name Type of Business
 Employer: Address Client's Occupation

(4) Family Information:
 Spouse' Name No. of Dependents
 Occupation Employer
 Type of Business

(5) How long have you known client? Advertising Lead Phone In Have you met the client face to face?
 Personal Contact Walk In Yes No
 Referral by: (name) (if customer, give account no.)

(6) If yes for Questions 1, 2, or 3, provide details in (11)

1. Will any other person or persons:	(a) Have trading authorization in this account?	No	Yes
	(b) Guarantee this account?	No	Yes
	(c) Have a financial interest in this account?	No	Yes
2. Do any of the signatories have any other accounts or control the trading in such accounts?		No	Yes
3. Does client have accounts with other Brokerage firms? (Type _____)		No	Yes
4. Is this account (a) discretionary or (b) managed		(a) (b)	

Insider Information

5. Is client a senior officer or director of a company whose shares are traded on an exchange or in the OTC markets? No Yes

6. Does the client, as an individual or as part of a group, hold or control such a company? (_____) No Yes

(7) (a) General Documents	Attached	Obtaining	(b) Trading Authorization Documents:	Attached	Obtaining
-Client's Agreement	.....	.....	-For an Individual's Account	.....	.....
-Margin Agreement	.....	.....	-For a Corporation, Partnership, Trust, etc.	.....	.....
-Cash Agreement	.....	.....	-Discretionary Authority	.....	.....
-Guarantee	.....	.....	-Managed Account Agreement	.....	.....
-Other	.....	.....	

(8) INVESTMENT KNOWLEDGE	Sophisticated Good Limited Poor/Nil	EST NET LIQUID ASSETS (Cash and securities less loans outstanding against securities)	A PLUS
ACCOUNT OBJECTIVES	ACCOUNT RISK FACTORS	EST NET FIXED ASSETS (Fixed assets less liabilities outstanding against fixed assets)	B EQUALS
Income %	Low %	EST TOTAL NET WORTH (A+B=C)	C
Capital Gains %	Medium %	APPROXIMATE ANNUAL INCOME FROM ALL SOURCES	D
Short Term %	High %		
Medium Term %	100%		
Long Term %			
100%			

(9) Bank Reference: Name Bank credit check acceptable? Yes No
 Branch Or Credit Bureau check-acceptable? Yes No
 Refer to Above credit checks considered unnecessary
 Accounts Explain in (11)

(10) Deposit and/or Securities Received
 Initial Buy Solicited Amount
 Order Sell Unsolicited Description

(11) R.R. Signature Designated Officer, Director
 or Branch Manager's Approval
 Date Date of Approval
 Comments: