



## Body Corporate Identity Verification

**You must submit this form with the application if :**

- 1) The product being sold is a non-registered annuity (fund); and
- 2) The owner is a corporation, a partnership or an association.

**Identification**

<b>Type of business or association (agriculture, fishing, transportation, professional services, etc):</b>	_____
<b>Registration Number</b>	_____
<b>Is the body corporate active?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>

**Authorized Persons**

<b>Please indicate the name of the persons authorized to sign for the body corporate with their titles</b>	
Name: _____	Name: _____
Title: _____	Title: _____

**Directors**

<b>Name of the body corporate directors and their professions</b>	
1. Name: _____	1. Profession: _____
2. Name: _____	2. Profession: _____
3. Name: _____	3. Profession: _____
4. Name: _____	4. Profession: _____
5. Name: _____	5. Profession: _____
6. Name: _____	6. Profession: _____
7. Name: _____	7. Profession: _____

**Beneficial Owners**

<b>Identify the names, professions and addresses of all persons holding or directly or indirectly controlling at least 25% of the shares or financial interests of the entity</b>	
Name 1: _____	Profession: _____
Address: _____	
Name 2: _____	Profession: _____
Address: _____	
Name 3: _____	Profession: _____
Address: _____	
Name 4: _____	Profession: _____
Address: _____	

**Non-Profit**

<b>Complete this section if the client is a non-profit organization</b>	
-Does the client collect or solicit donation from the public? <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>	
-If Yes, is the organization registered with the Canada Revenue Agency for the purpose of issuing tax receipts? <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> -If Yes, please indicate its registration number: _____	

**Signature**

<b>Signature of the representative :</b> _____	<b>Date:</b> _____
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