



KNIGHTSBRIDGE FOREIGN EXCHANGE

First Canadian Place
100 King Street West, Suite 5700
Toronto, ON, M5X 1C7
www.knightsbridgefx.com
Toll-Free: 1-877-355-5239

Company Information

Company Name:	<input type="text"/>		
Marketing Name:	<input type="text"/>	Incorporation #:	<input type="text"/>
Business GST/HST#:	<input type="text"/>	Province of Issue:	<input type="text"/>
Nature of Business	<input type="text"/>	Years in Business:	<input type="text"/>
Registered Address:	<input type="text"/>		
Phone Number:	<input type="text"/>	Fax Number:	<input type="text"/>
E-mail:	<input type="text"/>	Website:	<input type="text"/>

Ownership Information

Please include all owners of 25% or more of the company. Use additional sheets if necessary.

Full Name:	<input type="text"/>	Title:	<input type="text"/>
Home Address:	<input type="text"/>		
Ownership %:	<input type="text"/>	Date of Birth:	<input type="text"/>
Full Name:	<input type="text"/>	Title:	<input type="text"/>
Home Address:	<input type="text"/>		
Ownership %:	<input type="text"/>	Date of Birth:	<input type="text"/>

We are required by law to collect ownership information on all corporate clients.

Director Information

List all directors of the company indicating their full name and occupation. Use additional sheets if necessary.

Director:	<input type="text"/>	Occupation:	<input type="text"/>
Director:	<input type="text"/>	Occupation:	<input type="text"/>
Director:	<input type="text"/>	Occupation:	<input type="text"/>
Director:	<input type="text"/>	Occupation:	<input type="text"/>
Director:	<input type="text"/>	Occupation:	<input type="text"/>

We are required by law to collect Director information on all incorporated clients. All corporations must have at least one Director.



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Corporate Resolution Authorized Employees to Transact

The business authorizes Knightsbridge Foreign Exchange Inc. to accept orders and instructions, whether oral or written from the following person(s). The authorized trading representatives will book deals, negotiate and settle transactions, and instruct Knightsbridge Foreign Exchange Inc. to effect wire transfer payments.

Provide a copy of IDs for the employees listed below.

Full Name:	<input type="text"/>	Title:	<input type="text"/>
Home Address:	<input type="text"/>		
Date of Birth:	<input type="text"/>	<input type="checkbox"/> Passport or	<input type="checkbox"/> Drivers License
Full Name:	<input type="text"/>	Title:	<input type="text"/>
Home Address:	<input type="text"/>		
Date of Birth:	<input type="text"/>	<input type="checkbox"/> Passport or	<input type="checkbox"/> Drivers License

What currencies do you purchase: ☐ CAD ☐ USD ☐ GBP ☐ EUR Other

Estimated Monthly Volume: ☐ <\$20k ☐ <\$50k ☐ <\$100k ☐ <\$500k ☐ >\$500k

How did you hear about Knightsbridge:

☐ **I/We have read and agree to the terms and conditions and have authority to bind the company by signing below.**

Read our terms and conditions: www.knightsbridgefx.com/KnightsbridgeForeignExchangeTermsandConditions.pdf

Full Name and Authorized Signature: _____

Date: _____

Second signature only if company requires it

Full Name and Authorized Signature: _____

Date: _____

Attach a bank statement screenshot and a full copy of a certificate of corporate status, such as articles of incorporation or include a master business license if a sole proprietor. This should include your business address.

Attach a legible copy of government issued photo identification such as a driver's license or passport (both sides) of the employees authorized to trade.

Please provide a scan copy or take a digital picture and email this form along with the requested documentation to application@knightsbridgefx.com or mail a hardcopy to:

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