

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

Private Client Information (*required)

If you need help filing out this form or would like to provide the information over the phone, call us at 1-877-355-5239

| Leg | gal Full Name*: | | | | | | | | | |
|---|---|--|------------------------|------------|-----------------------------|----------|-----------------|-----------------|------------------------|--------------------|
| Hoi | me Address*: | | | | | | | | | |
| City | and Province*: | | | | | | Postal | Code*: | | |
| Pho | one Number*: | | | | | | Cell Nu | umber: | | |
| Occupation*: | | | | | | | Emplo | yer*: | | |
| E-m | nail: | | | | | | | | | |
| Wha | at currencies do y | you purchase: | |) [| USD | | GBP | ☐ EUR | Other | |
| Estir | mated Annual Vo | olume: | <\$2l | κ [| <\$50k | | <\$100k | <u></u> <\$500 | k | ζ |
| Hov | v exactly did you | ı hear about us? | | | | | | | | |
| | ase explain in de elling the curren | tail the reason for purch cy: | asing | | | | | | | |
| Please explain how you initially obtained the source of funds being sold: | | | | | | | | | | |
| | | ign Persons edge, have you or any close r | <i>elative</i> ever he | eld any of | the following | position | ns in office in | n Canada or beł | nalf of any other coun | try other than |
| or att | taché or counsellor o | government; member of the f an ambassador; military offi ge; or leader or president of a hild, mother or father, mother- | cer with a ran | k of gene | ral or above; p | resident | of a state-o | wned company | y or a state-owned ba | nk; head of a |
| Rea | d our terms and | conditions: http://www | .knightsbri | dgefx.c | om/termsco | nditio | ns.htm | | | |
| Dat | re: | | | | d and agree ng on behalf | | | nd condition | s and confirm tha | t I am not |
| Plea | se also include | the following: | | | | | | | | |
| | A copy of a gove | vernment issued photo identification (e.g. driver's license or pen-shot of the top-half of any Canadian bank statement (physic) with your name and account number. We don't need to see bits or credits. | | | | | passport) | | ou can simply tak | |
| | | | | | | | | W | | your smartphone or |
| | *Alternatively, you co you have a Canadiar | an mail a \$1.00 cheque to Knigl n deposit account. | htsbridge Fore | ign Excha | nge to validate | | | | | |

Please email the application, copy of ID, and bank statement to: application@knightsbridgefx.com

Mailed copies can be sent to: Knightsbridge Foreign Exchange, 100 King St. West, Suite 5700, Toronto, ON, M5X 1C7