

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

Private Client Information (*required)

Legal Full Name*:								
Home Address*:								
City and Province*:					Postal C	Code*:		
Phone Number*:					Cell Nu	mber:		
Occupation*:					Employ	er*:		
E-mail:						_		
What currencies do y	ou purchase:	☐ CAD	USD		GBP	☐ EUR	Other	
Estimated Annual Vo	olume:	<\$20k	<\$50k	<:	\$100k	<\$500	0k	\$500k
How exactly did you	hear about us?							
Please explain in det or selling the curren	tail the reason for purcha cy:	sing						
Please explain how y source of funds bein	you initially obtained the ng sold:							
Politically Exposed Fore To the best of your knowl Canada? Yes	ign Persons edge, have you or any close <i>rel</i>	<i>ative</i> ever held ar	ny of the following p	oositions i	in office in (Canada or bel	half of any othe	er country other than
or attaché or counsellor o government agency; judg	government; member of the extended and ambassador; military office pe; or leader or president of a phild, mother or father, mother-in	er with a rank of g olitical party repr	general or above; pr esented in a legislat	esident of ure. <i>Relati</i>	f a state-ow tives include	ned compan family memb	y or a state-ow	ned bank; head of a
Read our terms and	conditions: <u>http://www.k</u>	<u> </u>	fx.com/termsco	nditions	s.htm			
☐ I have read and	l agree to the terms and	conditions an	d confirm that I	am not	transact	ing on beh	alf of a third	party
Full Legal Name a	and Authorized Signa	ature:						
Date:								
Please also include	the following:							
A copy of an onl	nment issued photo ider ine or physical Canadian .00 cheque to Knightsbri	bank stateme	ent that indicate	s your r	name and	d chequein	g account. <i>i</i>	•
	application, copy of ID, a oreign Exchange, 100 Kir				-	-	n or mail a c	opy to: