

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:							
Marketing Name:	Incorporation #:						
Business GST/HST#:	Province of Issue:						
Nature of Business	Years in Business:						
Registered Address:							
Phone Number:	Fax Number:						
Primary Contact Email:	Website:						
Ownership Information Please include all owners of 25% or more of the company. Use additional sheets if necessary.							
Full Name:	Title:						
Home Address:							
Ownership %:	Date of Birth:						
Full Name:	Title:						
Home Address:							
Ownership %:	Date of Birth:						
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:	Occupation:						
Director:	Occupation:						
Director:	Occupation:						
Director:	Occupation:						
Director:	Occupation:						

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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Are any of the directors, owners, or employees authorized to trade or their close relatives a politically exposed person or head of international organization in Canada or abroad or hold any of the positions below?

Head of state or head of government; member of the executive council of government or member of a legislature; deputy minister or equivalent rank; ambassador or attaché or counsellor of an ambassador; military officer with a rank of general or above; president of a state-owned company or a state-owned bank; head of a government agency; judge; leader or president of a political party represented in a legislature; Governor General, lieutenant governor or head of government; member of the Senate or House of Commons or member of a legislature; deputy minister or equivalent rank; ambassador, or attaché or counsellor of an ambassador; military officer with a rank of general or above; president of a corporation that is wholly owned directly by Her Majesty in right of Canada or a province; head of a government agency; judge of an appellate court in a province, the Federal Court of Appeal or the Supreme Court of Canada; leader or president of a political party represented in a legislature; mayor; head of international organization established by the government of states; or head of an institution established by an international organization.

Relatives include family members of such an individual such as spouse or common-law partner, child, mother or father, mother-in-law or father-in-law, brother, sister, half-brother, or half-sister.

Yes No



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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:					Title:	
Home Address:						
Date of Birth:					Passport or	Drivers License
Full Name:					Title:	
Home Address:						
Date of Birth:					Passport or	☐ Drivers License
What currencies do you purchase:   CAD USD GBP EUR Other						
Estimated Monthly	Volume:	☐ <\$20k	☐ <\$50k		<\$100k	00k
How did you hear about Knightsbridge:						
Please describe in detail how you obtained the funds you are selling and the purpose of converting the funds?						
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: <a href="https://www.knightsbridgefx.com/KnightsbridgeForeignExchangeTermsandConditions.pdf">www.knightsbridgefx.com/KnightsbridgeForeignExchangeTermsandConditions.pdf</a>						
Full Name and Auth	norized 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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