



1 Third Party Information

Third Party Is: An Individual A Corporation Other _____

Name Of The Third Party		Occupation / Nature Of Business	DOB (MM/DD/YYYY)
Address (Street Number, Street Name)		Unit / Apartment / Suite Number	P.O. Box
City	Province	Postal Code	Country

Relationship of Third Party to the Client (Check one Below)		Incorporation Number	Place of Incorporation
<input type="checkbox"/> Accountant	<input type="checkbox"/> Borrower	<input type="checkbox"/> Customer	<input type="checkbox"/> Friend
<input type="checkbox"/> Agent	<input type="checkbox"/> Broker	<input type="checkbox"/> Employee	<input type="checkbox"/> Legal Counsel
<input type="checkbox"/> Relative			
<input type="checkbox"/> Other (Description): _____			

Third Party Identification for Individual (For Corporate 3rd Party Complete Entity Director/Owner Sheet)

Type Of ID	Unique Identifier Number	Place Of Issuance:	Expiry Date (If Any)
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2 Financial Advisor Declaration

- I Have Referred to Original Documents Mentioned Above and Correctly Recorded the Information from Such Documents.
- I Have Reasonable Grounds to Suspect That a Third Party is Involved. N/A

Reason(s) For Suspicion:

X

Financial Advisor Signature	Dealer & FA Number	MM/DD/YYYY
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3 Dealer Use Only

Comments:

X

Dealer Officer/Branch Manager Signature	Dealer Officer/Branch Manager Name	MM/DD/YYYY
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