

BUSINESS CLIENT APPLICATION



COMPANY INFORMATION:

Company Name: _____ **Incorporation #:** _____
Company Address: _____ **City:** _____ **Prov./State:** _____ **Country:** _____ **POSTAL Code:** _____
Telephone: _____ **Fax:** _____ **Email:** _____ **Website:** _____

COMPANY CONTACTS:

Please list the company's contacts authorized to trade.

Name Authorized Contact 1: _____ **DOB:** _____ **Occupation:** _____
Address: _____ **City:** _____ **Prov./State:** _____ **Country:** _____ **POSTAL Code:** _____
 Driver's Licence OR Passport **ID#:** _____ **ID Expiry:** _____ **ID Place of Issue:** _____ **Phone:** _____

Name Authorized Contact 2: _____ **DOB:** _____ **Occupation:** _____
Address: _____ **City:** _____ **Prov./State:** _____ **Country:** _____ **POSTAL Code:** _____
 Driver's Licence OR Passport **ID#:** _____ **ID Expiry:** _____ **ID Place of Issue:** _____ **Phone:** _____

Name Authorized Contact 3: _____ **DOB:** _____ **Occupation:** _____
Address: _____ **City:** _____ **Prov./State:** _____ **Country:** _____ **POSTAL Code:** _____
 Driver's Licence OR Passport **ID#:** _____ **ID Expiry:** _____ **ID Place of Issue:** _____ **Phone:** _____

COMPANY DIRECTORS:

Please list all the company's directors. If there are more than 3 directors listed on the Articles of Incorporation attach a separate sheet with the corresponding information.

Name of Director 1: _____ **DOB:** _____ **Occupation:** _____
Address: _____ **City:** _____ **Prov./State:** _____ **Country:** _____ **POSTAL Code:** _____
 Driver's Licence OR Passport **ID#:** _____ **ID Expiry:** _____ **ID Place of Issue:** _____ **Phone:** _____

Name of Director 2: _____ **DOB:** _____ **Occupation:** _____
Address: _____ **City:** _____ **Prov./State:** _____ **Country:** _____ **POSTAL Code:** _____
 Driver's Licence OR Passport **ID#:** _____ **ID Expiry:** _____ **ID Place of Issue:** _____ **Phone:** _____

Name of Director 3: _____ **DOB:** _____ **Occupation:** _____
Address: _____ **City:** _____ **Prov./State:** _____ **Country:** _____ **POSTAL Code:** _____
 Driver's Licence OR Passport **ID#:** _____ **ID Expiry:** _____ **ID Place of Issue:** _____ **Phone:** _____

COMPANY OWNERS:

Please list all the beneficial owners who directly or indirectly own 25% or more of the company. If there are more than 3 attach a separate sheet with the corresponding information.

Name of Owner 1: _____ **DOB:** _____ **Occupation:** _____ **Ownership %:** _____
Address: _____ **City:** _____ **Prov./State:** _____ **Country:** _____ **POSTAL Code:** _____
 Driver's Licence OR Passport **ID#:** _____ **ID Expiry:** _____ **ID Place of Issue:** _____ **Phone:** _____

Name of Owner 2: _____ **DOB:** _____ **Occupation:** _____ **Ownership %:** _____
Address: _____ **City:** _____ **Prov./State:** _____ **Country:** _____ **POSTAL Code:** _____
 Driver's Licence OR Passport **ID#:** _____ **ID Expiry:** _____ **ID Place of Issue:** _____ **Phone:** _____

Name of Owner 3: _____ **DOB:** _____ **Occupation:** _____ **Ownership %:** _____
Address: _____ **City:** _____ **Prov./State:** _____ **Country:** _____ **POSTAL Code:** _____
 Driver's Licence OR Passport **ID#:** _____ **ID Expiry:** _____ **ID Place of Issue:** _____ **Phone:** _____

ATTESTATION:

By signing and submitting this form to Global Currency Services Inc, I attest that:

- I am authorized to act on behalf of the aforementioned company.
- I truthfully answered Company Owners and Beneficial Ownership, and will update this information with Global Currency Services in the event of ownership change(s).
- I understand that additional documentation is needed to complete this application process and that it will be solicited.
- I understand that additional documentation may also be required by different types of transactions.
- The transactions that I am requesting are on behalf of the aforementioned company and are not on behalf of a third party (individual or business).
- I understand that all transactions are subject to Compliance Approval and may be rejected at the sole discretion of the Compliance Department.
- By submitting this form, I authorize Global Currency Services Inc and it's agents or assigns to exchange my personal information on an ongoing basis with credit bureaus and permit such organizations to verify my personal information in order to protect me, to ensure the completeness of my information and to maintain the integrity of the credit granting system, and so co-operate with local provincial and national authorities in the investigation of unlawful or improper activities in order to protect me from fraudulent transactions.

Signature: _____ **Date:** _____
Print Name: _____