



**At Habib Canadian Bank we are committed to serving your business needs.**

### STEP 1

Please take a few moments to complete the Business Account Application Form.

We will need some information to set up your account.

- We ask for information about your Beneficial Owner(s) - A Beneficial Owner is a person (individual) with an equity (ownership) interest in your business. You are required to provide the details of Beneficial Owner(s) with 25% or more equity ownership.
- For Partnerships, Corporations, and Unincorporated Associations, please provide the names and titles (if applicable) of Signing Officers or authorized signatories who will demonstrate Signing Authority on behalf of the Business.

An individual with signing authority is authorized by the company to perform certain functions such as withdrawals, transfers and payments on behalf of the company.

Signing Officers of all entities (non-person) are asked to provide their title **along with their current occupation**.

### STEP 2

When you visit the Branch, please bring the following documents with you for identification, for security purposes, and for complying with Canadian law:

For corporations

- Published annual reports for the last two years, signed by an independent audit firm, (annual reports from the publicly available acceptable sources are permissible).
- Company's most recent Notice of assessment from a municipal, provincial, territorial or federal government, etc.

If audited annual reports are not available through a publicly available acceptable source then:

- Your original articles of incorporation or certificate of incorporation; or
- Most recent filing with your incorporating jurisdiction, listing your directors; or
- Trade Name Registration, if applicable

For entity other than corporation (including unregistered charities and trusts)

- Financial statements for last two years, preferably signed by an independent audit firm;
- Article of association or
- Your association's original constitution and by-laws or
- Trust Agreement

For partnerships

- Your original partnership registration (or partnership agreement where provincial law does not require registration)

For sole proprietors using a business name and partnership (not incorporated-):

- Your original business name registration for sole
- Proprietor ship

Finally, please bring the following with you:

- One piece of government issued photo ID of all Authorized Signatories, directors, and any (other) persons associated with the account
- The original application

The Account Officer may request for additional documents as and when required.



APPLICATION FOR OPENING A BUSINESS ACCOUNT

Account Number (Branch Use Only)

Branch Information (Branch Use Only) Branch Location (Address)

1. About Your Business

Business Legal Name (referred to below as "you" or "the Business")

Business Type (e.g. Sole Proprietor, Corporation, etc.)

Is this a Registered Charity? Yes No

If Yes: Registration No. If No: Are you a Not for Profit Organization? Yes No

If you are a Not for Profit Organization: Do you solicit donations from the public? Yes No

BN - Federal Business Number (if applicable) Trade Name(s) (if different from Business Legal Name)

Business Address City Province Postal Code

Mailing Address (if different from Business Address) City Province Postal Code

Country of Incorporation Country of Operation Business Telephone Number Business Fax Number

Nature of Business (please be specific, e.g. Computer Hardware Retailer)

Business Start-up Date (dd/mm/yyyy) Fiscal Year End (mm/yy) Most Recent Annual Gross Sales/Revenue

2. About the Signatory(ies) of the Business

First Account Holder/Signatory

First Name Last Name Prefix (if applicable)

Date of Birth (dd/mmm/yyyy) Telephone Number Nationality Residency

Home Address City Province Postal Code

Record two pieces of identification (e.g. Driver's License, Passport). Include one photo I.D.

Table with 2 rows for identification records.

Second Account Holder/Signatory

First Name Last Name Prefix (if applicable)

Date of Birth (dd/mmm/yyyy) Telephone Number Nationality Residency

Home Address City Province Postal Code

Record two pieces of identification (e.g. Driver's License, Passport). Include one photo I.D.

Table with 2 rows for identification records.



**For Corporations Only**

Corporation Number

Jurisdiction of Incorporation (as applicable)

 Provincial  State  Federal

Name of Jurisdiction (e.g. Ontario)

**5. Politically Exposed Person**

Is there a Politically Exposed Person and/or Head of International Organization (HIO in your business that is the principal beneficial owner and/or has control or is authorized signatory?

Yes  No If yes, provide details \_\_\_\_\_

**6. Understanding Barriers to Accessibility**

Please help us improve accessibility and prevent barriers for people with disabilities by checking if any of the following applies to the owners, directors or joint signatories:

Physical  
Mental health  
Intellectual  
Cognitive  
Sensory  
Communication  
Learning  
Other: Please specify \_\_\_\_\_

**7. Certification and Consent**

**7.1** Each of the undersigned certifies both personally and on behalf of the Business that he and/or she is a principal of the Business and that the information contained in this Business Account Application and Agreement is complete and accurate in all respects. Each of the undersigned acknowledges and consents both personally and on behalf of the Business to the following:

- Habib Canadian Bank (HCB) may collect information (as defined below and the Privacy Notice) during the course of your relationship with HCB from credit bureaus, other financial institutions, and references you provide HCB may also disclose information to credit bureaus and financial institutions.** (The word "Information" means financial and financially-related information about you, in a business or personal capacity, including information to identify you or qualify you and/or the Business for products and services, or information that HCB needs for regulatory requirements.) HCB may use Information to identify you, protect you and HCB both from fraud and error, understand your needs and eligibility for services, recommend particular products and services to meet your needs, provide ongoing service, and comply with legal and regulatory requirements. This is explained in the HCB privacy notice, (included with your account opening package), also available at any branch or [www.habibcanadian.com](http://www.habibcanadian.com), which describes how the Habib Canadian Bank collects, uses, discloses, and retains information about you and the products and services you use.

**Specific Consents**

- Direct Marketing. HCB may tell you about products and services through direct mail, telephone, and other direct means.
- Disclosure within the Habib Bank AG Zurich (HBZ) Group. HCB may share Information within the Bank or the Group so that HCB may tell you about products and services.
- Accessing credit bureaus information during the course of your relationship with HCB.

If you don't wish to consent to the above, you can contact HCB at 905-276-5300 at any time. You will not be refused credit or other services just because you withdraw your consent.

**7.2** In consideration of Habib Canadian Bank ("HCB") dealing or continuing to deal with you in connection with your banking business with HCB, you agree with HCB as set out in this Agreement.

- You acknowledge receipt of the Account Opening Package which consists of the SIRAT Personal Deposit Account Agreement, Privacy Notice, Complaint Handling procedure and brochure and having read and understood it, and you agree to be bound by the SIRAT Personal Deposit Account Agreement in it and any amendments to or replacements of such agreement made by the Bank from time to time. You also acknowledge having received a copy of the Business Account Schedule of charges and having read and understood it, and you agree to be bound by the terms of such schedule and any changes to or replacements of it made by HCB from time to time.**

**For Quebec residents only.** It is the express wish of the parties that this document and any related documents be drawn up in English. *Les parties aux présentes ont expressément demandé que document et tous les documents s'y rattachant soient rédigés en anglais.*

**7.3 E-Banking Web Login**

Would you like to register for HCB E-Banking Web login?  Yes  No

Would you like to opt-in for e-Statements rather than paper statements?  Yes  No

Would you like to opt-in for SMS notifications?  Yes  No

**8. Declaration of Tax Compliance).**

The undersigned confirms that all the assets deposited with the Bank under above indicated banking relationship are fully declared and subject to regular income/wealth taxation where the Account Holder and - as the case may be - the Controlling Person(s) of Passive NFEs is/ are required to pay taxes in accordance with the relevant tax regulations. The Undersigned further confirms that the account holding Entity has been established for legitimate commercial reasons and that any and all transactions, in which the Bank is to provide banking services, are effected for the same reasons. Neither the account holding Entity nor any transaction, in which the Bank is to provide banking services, forms or is intended to form part of a scheme or an arrangement for which the main purpose, or one of the purposes, is the illegal avoidance of tax liability in the relevant tax jurisdiction(s).

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Title (if applicable) \_\_\_\_\_

\_\_\_\_\_ X  
Date Signature of Beneficial Owner or Authorized Signing Authority

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Title (if applicable) \_\_\_\_\_

\_\_\_\_\_ X  
Date Signature of Beneficial Owner or Authorized Signing Authority

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Title (if applicable) \_\_\_\_\_

\_\_\_\_\_ X  
Date Signature of Beneficial Owner or Authorized Signing Authority

**Authorized Branch Officer**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

\_\_\_\_\_ X  
Date Branch Authorized Signature



APPLICATION FOR OPENING A BUSINESS ACCOUNT

Account Number (Branch Use Only)

Branch Information (Branch Use Only) Branch Location (Address)

A. About the Signatory(ies) of the Business (Additional signatories - if any)

First Account Holder/Signatory

First Name Last Name Prefix (if applicable)

Date of Birth (dd/mmm/yyyy) Telephone Number Nationality Residency

Home Address City Province Postal Code

Record two pieces of identification (e.g. Driver's License, Passport). Include one photo I.D.

Table with 2 rows and 4 columns for identification details.

Second Account Holder/Signatory

First Name Last Name Prefix (if applicable)

Date of Birth (dd/mmm/yyyy) Telephone Number Nationality Residency

Home Address City Province Postal Code

Record two pieces of identification (e.g. Driver's License, Passport). Include one photo I.D.

Table with 2 rows and 4 columns for identification details.

Third Account Holder/Signatory

First Name Last Name Prefix (if applicable)

Date of Birth (dd/mmm/yyyy) Telephone Number Nationality Residency

Home Address City Province Postal Code

Record two pieces of identification (e.g. Driver's License, Passport). Include one photo I.D.

Table with 2 rows and 4 columns for identification details.

Please use this form when completing information for additional signatories. Once completed attach it with the original application form