

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
- » Proprietorship

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.

Date

Branch \_\_\_\_\_

**FOR OFFICE USE**

Account Number

Company Name/Account Title

**1. ABOUT YOUR BUSINESS**

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

Business Type  Sole Proprietor  Partnership  Corporation  Association - including Not-for-profit Organization\*

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  Fiscal Year End  Most Recent Annual Gross Sales/Revenue

\* including registered charities and non-registered charities

**2. ABOUT THE SIGNATORY(IES) OF THE BUSINESS**

First Account Holder/Signatory:

Name: First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Prefix (if applicable) \_\_\_\_\_

Date of Birth  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.

Identification Document Type	Number	Issuance Date	Expiry Date
		dd/mm/yyyy	dd/mm/yyyy
		dd/mm/yyyy	dd/mm/yyyy

Second Account Holder/Signatory:

Name: First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Prefix (if applicable) \_\_\_\_\_

Date of Birth  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.

Identification Document Type	Number	Issuance Date	Expiry Date
		dd/mm/yyyy	dd/mm/yyyy
		dd/mm/yyyy	dd/mm/yyyy

**2. ABOUT THE SIGNATORY(IES) OF THE BUSINESS (...continued)**

Third Account Holder/Signatory:

Name: First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Prefix (if applicable) \_\_\_\_\_  
 Date of Birth  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.

Identification Document Type	Number	Issuance Date	Expiry Date
		dd/mm/yyyy	dd/mm/yyyy
		dd/mm/yyyy	dd/mm/yyyy

**3. REQUEST FOR ACCOUNT(S)**

Account Types (indicate the account type and currency, using the check box for each account requested below):

- Sirat Business Chequing CAD Account       Sirat Business Term Deposit CAD Account  
 Sirat Business Chequing USD Account       Sirat Business Term Deposit USD Account

a) Request for account Intended use of the account \_\_\_\_\_  
 If other, provide additional details \_\_\_\_\_  
 Is the account to be used on behalf of or for third party?     Yes     No    (if 'Yes', fill up the Third Party Determination Form)  
 Estimated average deposit       Frequent of deposits (select one which applies)     Daily     Weekly     Monthly  
 Usual type of deposits (select all that applicable)     Cash     Cheque     Other \_\_\_\_\_  
 b) Accept instructions through telephone and/or fax, email?     Yes     No    Business email \_\_\_\_\_

**4. ENTITY STRUCTURE, OWNERSHIP & CONTROL (DECLARATION OF IDENTITY OF THE BENEFICIAL OWNER/SIGNATORY)**

List the names and titles of the officers, directors and beneficial owners of the Business, and the signing officers who will exercise signing authority for the Business. Include the occupation for each stakeholder. Select all choices that apply for each individual.

How many signatures are required to transact on the account(s)? (e.g. 1, 2, etc.)

Name	Email Address	Address	Title (if applicable, e.g. President) & Occupation (if Director)	Beneficial Owner %	Owner	Signing Officer	Director
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For Corporations Only

Corporation Number \_\_\_\_\_  
 Jurisdiction of Incorporation (as applicable)     Provincial     State     Feral    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 & 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 do not 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 Sirat Business Chequing Account Opening Package which consists of the SIRAT Business Chequing 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. If you choose not to agree with the terms and conditions contained in any document in aforementioned Account Opening Package, you have the right to cancel the agreement by providing notice of the cancellation within 14 business days after the day on which the retail deposit account is opened as a result of which the Bank will close the account.

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).

Beneficial Owner(s) or Authorized Signing Authority(ies):

Applicant 1 Signature	Applicant 1 Signature	Applicant 1 Signature
Name _____	Name _____	Name _____
Title _____	Title _____	Title _____
Date _____ dd/mm/yyyy	Date _____ dd/mm/yyyy	Date _____ dd/mm/yyyy

**FOR OFFICE USE**

Account Opening Officer:

Relationship/Branch Manager:

Signature \_\_\_\_\_  
Name \_\_\_\_\_  
Date \_\_\_\_\_ dd/mm/yyyy

Signature \_\_\_\_\_  
Name \_\_\_\_\_  
Date \_\_\_\_\_ dd/mm/yyyy

