



FCIDB MEMBERSHIP APPLICATION & RENEWAL FORM – NON-CORPORATE

MEMBERSHIP TYPE: REGULAR ASSOCIATE AFFILIATE PROVISIONAL

APPLICANT INFORMATION

NEW MEMBER RENEWAL

BUSINESS NAME _____

TRADE NAME (if different from above) _____

THIS FIRM OPERATES AS A: SOLE-PROPRIETOR PARTNERSHIP

NUMBER OF YEARS OPERATING AS A DEPOSIT BROKER _____

PRIMARY CONTACT _____

PHONE _____ E-MAIL _____

BUSINESS ADDRESS _____

CITY _____ PROV. _____ POSTAL CODE _____

PHONE _____ FAX _____

E-MAIL _____

WEBSITE _____

DOES THE FIRM USE ICS COURIER? YES NO

OF BRANCHES _____ # OF SALES AGENTS _____

OWNER/PARTNER INFORMATION

Please provide the requested information about the Owner(s)/Partner(s) of the Firm. If additional space is required please attach a separate list.

If persons other than the Owners and Partners of the Firm will be dealing with the FCIDB please attach a list of Authorized Persons with a copy of their signatures to this application.

SURNAME _____ GIVEN NAME _____

TITLE _____

ID TYPE _____ ID NUMBER _____

ISSUED BY _____ EXPIRY _____

Owner/Partner Information continued on next page...

OWNER/PARTNER INFORMATION *(continued)*

SURNAME _____ GIVEN NAME _____

TITLE _____

ID TYPE _____ ID NUMBER _____

ISSUED BY _____ EXPIRY _____

SURNAME _____ GIVEN NAME _____

TITLE _____

ID TYPE _____ ID NUMBER _____

ISSUED BY _____ EXPIRY _____

APPLICANT DEPOSIT BROKER INFORMATION

Does the firm process Deposit Business through its own agency agreements?

YES NO

If **YES**, please list the number of Financial Institutions the firm has Agency Agreements with _____

If **NO**, please indicate who the firm uses to process its Deposit Broker Business

DEPOSIT BROKER NAME _____

ADDRESS _____

CITY _____ PROV. _____ POSTAL CODE _____

PHONE _____ FAX _____

E-MAIL _____

WEBSITE _____

APPLICANT INSURANCE COVERAGE

Does the firm have E&O insurance? YES NO

AMOUNT _____ EXPIRY DATE _____

INSURER _____

Does the firm have a fidelity bond? YES NO

AMOUNT _____ EXPIRY DATE _____

INSURER _____

Has the firm ever been denied coverage or had coverage revoked? YES
NO

APPLICANT POLICIES & PROCEDURES

Does the firm operate a trust account for deposit broker services?

YES NO

If **YES** please attach a copy of the firm's Policies & Procedures for Fraud prevention

Does the firm have policies and procedures in place to protect the client's information in compliance with the Personal Information Protection and Electronic Documents Act (PIPEDA)?

YES NO

If **YES** please attach a copy of the firm's Policies & Procedures regarding the protection of the client's Personal Information

Does the firm have policies and procedures in place to comply with the Proceeds of Crime (Money Laundering) and Terrorist Financing Act?

YES NO

If **YES** please attach a copy of the firm's Policies & Procedures regarding compliance with Anti-Money Laundering Legislation

Does the firm accept payments using cash? YES NO

APPLICANT ACKNOWLEDGEMENT AND SIGNATURE

I hereby certify that the above information is true and complete, and authorize the FCIDB to collect, retain, and use the above information as is required to carry out the regular business of the FCIDB. I hereby authorize the transmission of the above information as required by court order or as required by law.

PRINT NAME _____ TITLE _____

SIGNATURE _____ DATE _____