

Proceeds of Crime (Money-Laundering) and Terrorist Financing Act (PCMLTFA)

PLEASE PRINT CLEARLY

Identity Verification Record

Personal Information			
Surname		First Name & Initial	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth Year Month Day	SIN Number	
Permanent Address Number Street Apartment City Province / Territory Postal Code			
Home Telephone Number () -		Business Telephone Number () -	Fax Number or E-Mail Address (Optional)

Declaration of Guarantor			
Surname		First Name & Initial	
Occupation		Name of Firm / Organization	
Home Telephone Number () -		Business Telephone Number () -	Fax Number or E-Mail Address (Optional)
DECLARATION: I solemnly declare that I am a Canadian citizen and to the best of my knowledge and belief, all of the statements made in this Proceeds of Crime (Money-Laundering) and Terrorist Financing Act - Identity Verification Record are true. I have known the individual named herein personally for at least TWO years and certify by signing the accompanying photocopy I am stating that it represents to the best of my knowledge, the true likeness of the original government issued photo identification.		Signature	Date Year Month Day
		Signed at City	Province / Territory

Documents to Support Identity				
Document Type*	Document Number	Place of Issue	Date of Issue Year Month Day	Name appearing on the document
Document Type*	Document Number	Place of Issue	Date of Issue Year Month Day	Name appearing on the document

*Identification Document types: DL (Driver's License issued in Canada), BC (Birth Certificate issued in Canada), PP (Canadian Passport), CC (Citizenship Card), OAS (Old Age Security Card), PRC (Permanent Resident Card), CCN (Certificate of Canadian Naturalization), PHC (Provincial Health Card - excluding Ontario, Manitoba and Prince Edward Island)

Certification by Financial Institution			
Name of Financial Institution			Financial Institution's Stamp
Authorized Signing Officer Print Name			
Transit Number	Telephone Number () -		
Financial Institution Address Number Street City Province / Territory Postal Code			

Declaration of Respondent			
DECLARATION: I solemnly declare that the information and statements made in this Proceeds of Crime (Money-Laundering) and Terrorist Financing Act Identity Verification Record are true. I also acknowledge and understand that the privacy policy is available at www.fcidb.com/PIPEDA/privacyinfo.shtml or as provided.			
Signature		Date Year Month Day	Signed at City
		Province / Territory	

FOR OFFICIAL USE ONLY		Audit Control Number
<input type="checkbox"/> I, the undersigned, have performed a standard verification review.		-
<input type="checkbox"/> This form is incomplete due to the following reasons: _____		
Name of Designated Verification Officer		Date Year Month Day
Signature of Designated Verification Officer		

Protection of Information: Personal information provided on this document is protected and used in accordance with the provisions of the Privacy Act (Personal Information Protection and Electronic Documents Act). This information is required under the Proceeds Of Crime (Money Laundering) And Terrorist Financing Act. Financial Institutions are prohibited from opening a new account if this information is not provided. © 2005 FCIDB

What's important about this PCMLTFA Identity Verification Record

Personal Information

Section (1): Personal information contained in the Identity verification Record is protected and used in accordance with the provisions of the Privacy Act – PIPEDA (Personal Information Protection and Electronic Documents Act). This information is required under the Proceeds of Crime (Money Laundering) and Terrorist Financing Act (PCMLTFA). Financial Institutions are prohibited from opening a new account if this information is not provided.

Declaration of Guarantor

The PCMLTFA-Identity Verification Record to be valid it must be signed by a guarantor. A guarantor is a person who can confirm your identity or that of your child. You may choose between the types of individuals prescribed as legitimate person(s) to make the "Declaration of Identity" on your behalf. **Section (2)** is for somebody who has personally known you in excess of two years.

Duties of eligible guarantors

Your guarantor must perform the following tasks free of charge: Certify the information on this form by completing and signing the "Declaration of Guarantor" section. Be a Canadian citizen residing in Canada and must be accessible for verification. Have known you personally for at least **two years**. Be included in one of the following groups:

- Lawyer (member of a provincial bar association), notary in Quebec
- Minister of religion authorized under provincial law to perform marriages
- Professional accountant (member of APA, CA, CGA, CMA, PA, RPA)
- Professional engineer (P.Eng., Eng. in Quebec)
- Senior administrator or teacher in a university
- Police officer (municipal, provincial or RCMP)
- Principal of a primary or secondary school
- Person occupying a senior administrative position in a community college (includes CEGEP)
- Medical doctor, dentist or veterinarian
- Judge, magistrate
- Chiropractor
- Notary public
- Postmaster
- Pharmacist
- Mayor
- Optometrist

NB: Retired guarantors are not eligible unless still registered in their professional association.

IMPORTANT: Photocopy the two original government issued identification items, have the "Guarantor" sign witnessing and dating each copy - as having seen both original and photocopy as proof of the likeness to the original.

OR,

Section (4) is a "Signing Officer" at **your local bank or trust company branch** or of a financial institution who is the person authorized to provide valid verification of your ID. You will need to present them with proof that you have an active account with that branch (take your cheque book), they can match it against the "Signature Card" you signed when you first opened that account. A current drivers licence, and/or passport. As identification

Documents to support Identity

Section (3): To qualify as identification an **original valid (un-expired)** document in good condition issued by a Canadian government body (Federal, Provincial or Territorial), must be viewed and recorded on the form, noting: Type of ID document, its issue number and date of issue etc

Included but not limited to: (*Preferred)

- Drivers Licence*
- Certificate of Canadian Naturalization
- Canadian Passport*
- Permanent Resident Card
- Certificate of Canadian Citizenship *
- Birth Certificate issued in Canada
- Old Age Security Card issued by the Government of Canada
- Provincial Health Card (Excluding Ontario or Manitoba)

Declaration of Respondent

Section 5: By signing the **Declaration of Respondent** you are certifying that the information is true. That a verification officer will call and validate the declarations herein made, and that the governing privacy policy is available at www.fcidb.com/PIPEDA/privacyinfo.shtml, or as provided.