

# Corporate Customer Agreement Corporation



## Business Information

Please enter the details of your business below.

Registered company name:	Trading name (if different):	Website:		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Trading address (if different from registered company address):	City:	Province:	Postal code:	Industry:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## Shareholders & Directors

Please list all Shareholders (Beneficial Owners) with a controlling interest of 25% or greater, plus all Directors of your corporation below. A 'Primary User', someone who is responsible for the OFX account, must also be delegated.

Name/Entity:	Residential/Entity address:	City:	Province:	Postal code:	D.O.B:	Email:	Shareholder?	Director?
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	% <input type="checkbox"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	% <input type="checkbox"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	% <input type="checkbox"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	% <input type="checkbox"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	% <input type="checkbox"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	% <input type="checkbox"/>

Please ensure a 'Primary User' is delegated from the Shareholders/Directors listed above.

## Primary User

As a fully regulated financial institution, federal law requires us to obtain, verify, and record information that identifies each person who opens an OFX account. Please ensure the following information is entered for the 'Primary User'. A scanned copy of a government-issued photo ID is also required. This, along with the completed agreement, can be securely uploaded within the OFX platform (under the 'Profile & Settings' section).

Primary User:	Telephone (mobile):
<input type="text"/>	<input type="text"/>

## Authorized User (optional)

Authorized users have the authority to book transactions, provide instructions, access account information and to otherwise act as an agent on your behalf. By completing this section, you acknowledge and agree that you will be liable for and bound by all transactions conducted by the 'Authorized User' entered below. Please also include a scanned copy of a government-issued photo ID for the individual you are authorizing.

Full name:	Title/Position:	Date of Birth:	Telephone:	Email:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Residential address:	City:	Province:	Postal code:	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

## Attestation, Certification and Agreement

My signature acknowledges my review and acceptance of the terms and conditions set forth in the [User Agreement](#) available on OFX.com. By signing below, I hereby certify that I am duly authorized to enter into this agreement on behalf of the entity named in this application. Under penalty of perjury, I hereby attest that the information provided in this form is true, accurate and complete.

'Primary User' Signature:	'Primary User':	Date:
<input type="text"/>	<input type="text"/>	<input type="text"/>