

Corporate Account Ownership/Directorship Supplement

(Including Partnerships, Limited Partnerships, Investment Clubs and similar entities)

Name of Corporation or Other Entity: _____ Account Number: _____

COMPLETE EACH SECTION FOR EVERY NATURAL PERSON WHO DIRECTLY OR INDIRECTLY OWNS MORE THAN 10% OF THE CORPORATION OR OTHER ENTITY.

1 Name: _____ Citizenship: _____

Address: _____

Employer: _____ Occupation: _____

List the names of any publicly owned corporation or similar entity in which this person is:

An Insider None A Controlling Shareholder None

Acceptable verification includes a valid driver's licence, passport, Provincial Health Card (where permitted by law).

Identity Verification

VERIFIED AGAINST: PASSPORT DRIVER'S LICENCE PROV HEALTH INS. CARD (where permitted by law) OTHER (please specify) _____

NUMBER _____ EXPIRY DATE _____ PLACE OF ISSUE _____ I ATTEST THAT I HAVE SEEN THE ORIGINAL DOCUMENT INDICATED HEREIN. VERIFIED BY INITIALS _____

2 Name: _____ Citizenship: _____

Address: _____

Employer: _____ Occupation: _____

List the names of any publicly owned corporation or similar entity in which this person is:

An Insider None A Controlling Shareholder None

Acceptable verification includes a valid driver's licence, passport, Provincial Health Card (where permitted by law).

Identity Verification

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3 Name: _____ Citizenship: _____

Address: _____

Employer: _____ Occupation: _____

List the names of any publicly owned corporation or similar entity in which this person is:

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UNDER THE PROCEEDS OF CRIME (MONEY LAUNDERING) AND TERRORIST FINANCING ACT, WE ARE REQUIRED TO OBTAIN THE NAME, ADDRESS AND OCCUPATION OF ALL DIRECTORS OF CORPORATE ACCOUNTS.

Directors

Name _____ Occupation _____

Address _____

Name _____ Occupation _____

Address _____

Name _____ Occupation _____

Address _____

Name _____ Occupation _____

Address _____

Name _____ Occupation _____

Address _____

Name _____ Occupation _____

Address _____

Name _____ Occupation _____

Address _____

I.A. Comments _____

I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS ACCURATE AND I AGREE TO ADVISE NBCN AND THE INTRODUCING BROKER (IF APPLICABLE) OF ANY CHANGES TO THIS INFORMATION.

Secretary _____ Date _____

IF THERE ARE MORE THAN 3 BENEFICIAL OWNERS, PLEASE COMPLETE ADDITIONAL FORMS.