



Registered Deposit Brokers Association

Client Identity Verification Form

RDBA Member Number

Broker Client #

Client Information

Title _____ First Name _____ Middle Name(s) _____
 Last Name _____ Date of Birth Day _____ Month _____ Year _____

The Proceeds of Crime (Money Laundering) and Terrorist Financing Act (PCMLTFA) requires that you verify the identity of your client using original, valid and current documents or information from independent and reliable sources: (i) by viewing your client's government issued photo ID while in the presence of your client (photo ID method); or (ii) by referring to two separate documents or information sources that each contain the client's name and that contain two of the following: date of birth; address; confirmation of the existence of an account with a financial entity (dual process method); or (iii) by referring to a Canadian credit file that has been in existence for at least three years (credit file method).

Client ID verification method: Photo ID _____ Dual process _____ Credit file _____

Date the client's identity was verified for Photo ID method, Dual Process method or Credit File inquiry date, as applicable Day _____ Month _____ Year _____

Photo ID

Type of photo ID _____ Reference # _____
 Place of issue Province/State _____ Country _____
 Expiry date Day _____ Month _____ Year _____
 ID #2 Type of ID _____ Reference # _____
 Place of issue Province/State _____ Country _____
 Expiry Date Day _____ Month _____ Year _____

Dual Process Information verified using dual process method (Information must come from two different sources):

Name & address + name & DOB _____ Name & address + name & confirmation of financial account _____ Name & DOB + name & confirmation of financial account _____

Reliable source of information #1 (example: most recent T4 statement)

Type of information _____ Issuing company or gov't jurisdiction _____
 Document date Day _____ Month _____ Year _____ Account / reference # _____

Reliable source of information #2 (example: notice of assessment)

Type of information _____ Issuing company or gov't jurisdiction _____
 Document date Day _____ Month _____ Year _____ Account / reference # _____

Credit File

Name of credit bureau queried _____ Credit file inquiry ref # _____
 Date the client's credit file was first created Day _____ Month _____ Year _____

Consent To The Collection Use And Disclosure Of Personal Information

By signing this Client Identity Verification Form below, I consent to the deposit broker collecting my personal information contained in this form and from time to time providing this information to one or more financial institutions for the sole purpose of transacting deposit business on my behalf. I also consent to the use, retention and disclosure of my personal information by such financial institutions, as is reasonably required by them in connection with the establishment and maintenance of an account in my name, to meet legal and regulatory requirements and for statistical, audit and security purposes in the manner set out in the financial institutions' published privacy policy. I give consent to my deposit broker and / or the issuing financial institution to use my personal information to obtain a consumer report from a credit bureau / consumer reporting agency in order to verify my identity for the sole purpose of transacting deposit business on my behalf and I understand that this inquiry will not affect my credit rating. I have read the above paragraphs and hereby give my consent to the collection use and disclosure of the personal information contained herein.

Client / POA Signature _____ Date _____

Deposit Broker Declaration

I, as an authorized representative of the deposit broker, certify that in accordance with the PCMLTFA and FINTRAC's Methods to ascertain the identity of individual clients Guidelines, available at <http://www.fintrac-canafe.gc.ca/guidance-directives/client-clientele/Guide11/11-eng.asp>, I have used either (a) the photo ID method; or (b) the dual process method; or (c) the credit file method to verify the identities of the person above.

Deposit Broker Company Name _____ Representative Name _____ Deposit Broker Signature _____ Date _____

Form content and certification valid only when completed by an RDBA member in good standing.

For Financial Institution Use Only:

Client / Customer Number _____