

Politically Exposed Persons declaration form



Canadian anti-money laundering and anti-terrorist financing legislation requires that financial institutions obtain the following information in connection with clients who are politically exposed.

Client information (Account holder who is politically exposed)

SECTION 1	FIRST NAME	LAST NAME		INITIAL
	Account Type:	<input type="checkbox"/> Residential Mortgage	<input type="checkbox"/> Commercial Mortgage	<input type="checkbox"/> Equityline Visa
	<input type="checkbox"/> Preferred Visa	<input type="checkbox"/> Secured Visa	<input type="checkbox"/> Deposits	<input type="checkbox"/> Retail Credit
ACCOUNT NUMBER (IF KNOWN)			BROKER NUMBER/LICENSE NUMBER (IF KNOWN)	

Additional connections

SECTION 2	Are you connected to one or more persons who holds or has held a senior government, political or military position?	<input type="checkbox"/> Yes* <input type="checkbox"/> No
	Are there other persons on this account who are connected to a person who hold or has held a senior government, political or military position?	<input type="checkbox"/> Yes* <input type="checkbox"/> No

*If yes, please complete a separate form for each connection and/or account holder.

Politically exposed person information

If you are not the person who holds or has held a senior government, political or military position, what is the name of the politically exposed person you are a family member of?

SECTION 3	FIRST NAME	LAST NAME	INITIAL
	Indicate the senior government, political or military position held, and if you are a family member or close associate, what your relationship to that person is.		
	OFFICE AND POSITION DESCRIPTION:		
	<input type="checkbox"/> Head of state or head of government <input type="checkbox"/> Member of the executive council of government or member of a legislature <input type="checkbox"/> Deputy Minister or equivalent rank <input type="checkbox"/> Ambassador or attaché or counsellor of an ambassador <input type="checkbox"/> Military officer with a rank of general or above <input type="checkbox"/> Head of a government agency <input type="checkbox"/> President of a state-owned company or a state-owned bank <input type="checkbox"/> Judge <input type="checkbox"/> Leader or president of a political party represented in a legislature <input type="checkbox"/> Other _____		
RELATIONSHIP:			
<input type="checkbox"/> Self <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Child <input type="checkbox"/> Other _____ <input type="checkbox"/> Close associate _____ <input type="checkbox"/> Spouse or Common-Law Partner <input type="checkbox"/> Spouse's or Common-Law Partner's Mother or Father <input type="checkbox"/> Sibling (Brother, Sister, Half-Sibling, Step-Sibling, Adoptive Sibling)			
Title of Position Held _____			
In what jurisdiction is/was the position held? _____			
During what time period was the position held? Starting year: _____ Ending Year: _____			

Declaration

SEC. 4	SIGNATURE X	NAME	DATE