

CORPORATE CLIENT APPLICATION/INFORMATION RECORD

Fill in each applicable field with the required information. [Print or Type Only]

PART I – GENERAL INFORMATION

Corporate Name: _____

Trade Name: _____

Date of Incorporation: _____

Jurisdiction of Incorporation: Federal Province/State

Location of Incorporation: Country: _____ Province/State: _____

Street Address: _____

City/Town: _____ Province/State: _____ Country: _____

Postal/Zip Code: _____ Telephone: _____ Fax: _____

E-mail: _____ Corporate Web Site: _____
(if available)

PART II – CONTACT INFORMATION

Primary Contact: _____ Title: _____

Telephone: _____ Fax: _____ E-mail: _____

Secondary Contact: _____ Title: _____

Telephone: _____ Fax: _____ E-mail: _____

PART III – BUSINESS ACTIVITY

Type of Business: _____ Industry Code: _____

Annual Volume of Currency Trading: _____

Currencies Traded: _____

Nature of Transactions: _____

Currencies Bought: _____ Currencies Sold: _____

Origin of Transactions: [Check all that apply]

Head Office Branch Office Subsidiary Home Office

Average Frequency of Transactions: [Check one that applies]

Daily Weekly Bi-Weekly Monthly Bi-Monthly

Quarterly Semi-annual Annual Other _____

PART IV – PRIMARY BANKING INFORMATION

Name of Bank: _____

Address of Business Branch: _____

City: _____ Province/State: _____ Country: _____

Postal Code: _____ Telephone: _____

Type of Account Used to Pay Currency Exchange Charges: _____

Method for Settling Account: Wire Transfer Bank Draft Certified Cheque

Other : Specify _____

Account Number: _____

Name of Account Manager: _____ Title: _____

Telephone: _____ Fax: _____

E-mail: _____

Aloris Mercantile Corp.

Head Office – 292 Sheppard Ave. West Toronto (Ontario) M2N 1N5 Tel: (416) 222-2652 Fax: (416) 222-2842

www.aloris.ca

PART V – TRADE REFERENCES

I. Company Name: _____
Street Address: _____
City: _____ Province/State: _____
Country: _____ Postal/Zip Code: _____
Contact Name: _____ Title: _____
Telephone: _____ Fax: _____
Type of Business: _____
Years of Doing Business Together: _____

II. Company Name: _____
Street Address: _____
City: _____ Province/State: _____
Country: _____ Postal/Zip Code: _____
Contact Name: _____ Title: _____
Telephone: _____ Fax: _____
Type of Business: _____
Years of Doing Business Together: _____

I authorize any of those individuals/companies listed in Parts 4 and 5 of this form to provide Aloris Mercantile Corporation, or its representative, with information necessary to assist us in our dealings with them.

Company Name: _____ Date: _____

Authorized Signature: _____ Title: _____

PART VI – THIRD-PARTY AFFIRMATION

I affirm that all currency exchange transactions undertaken with Aloris Mercantile are either:
[Check which one applies]:

- 1. For the direct benefit of the company identified in this application; or
- 2. On behalf of a third-party.

If the second option has been checked, please complete the following declaration.

I, _____ confirm that I am opening this account with Aloris Mercantile to undertake currency exchange trading on behalf of the following organization:

Company Name: _____

Type of Business: _____

Incorporation Number: _____ **Place of Incorporation:** _____

Street Address: _____ **City:** _____

Prov./State: _____ **Country:** _____ **Postal/Zip Code:** _____

Contact Name: _____ **Title:** _____

Telephone: _____ **Fax:** _____

Principal Company Contact: _____ **Title:** _____

Nature of the relationship between the third-party and the client: _____

Please sign and date this affirmation below:

Signature: _____ **Date:** _____

PART VII – COMPLIANCE REQUIREMENTS

Aloris Mercantile, as a currency exchange trader, is committed to maintaining compliance with Canada's *Proceeds of Crime (Money Laundering) and Terrorist Financing Act*. As such, we are required under that legislation to obtain from all commercial customers, regardless of country of origin, **within 30 days** of opening your account a copy of the following:

- ❑ The company ***Articles/Certificate of Incorporation/Partnership Agreement*** that confirms the **existence** of your company, its name and address and those sections that describe the 'power to bind' provisions in respect to all transactions with the company; as well as, the **name and occupation of all its directors** (see page 6)
- ❑ You are also required to confirm ***all beneficial owners of the company***. This requires Aloris to collect the following information: the name, address and occupation of all persons who own or control, directly or indirectly, 25 percent or more of the shares of the corporation/entity (see page 7).
- ❑ Corporate clients are also ***required to confirm the Politically Exposed Foreign Person (PEFP) status*** for all directors and individuals authorized to request transactions on behalf of the corporation. (see pg. 8)
- ❑ Corporate clients are required to complete a ***Trade Authorization Form*** containing a record of the name, address, telephone number, date of birth, occupation and identification for all employees authorized to make trades/transactions on behalf of the company. All individuals authorized to make trades/transactions on behalf of the company are required to provide an **original photocopy of identification** which will be verified in person by an Aloris representative and kept on file for future transactions. (see pg. 9)

Please provide us with a copy of the above documents either in a hardcopy or electronic form. They can be sent to us electronically, by facsimile, or by mail. We will confirm our receipt of the documents once they have arrived.

Thank you for your cooperation in this matter

~ Aloris Management

Aloris Mercantile Corp.

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Form updated June 2012

PART VIII – COMPANY DIRECTORS

If there are more than three **directors** listed on the company's Articles of Incorporation, please attach a separate sheet including the name, address and occupation for each director. Please submit any additional information along with this 'Corporate Client Application Form' electronically, by facsimile, or by mail. We will confirm our receipt of these documents upon arrival.

Name of Director 1: _____

Street Address: _____

City: _____ Province/State: _____

Country: _____ Postal/Zip Code: _____

Occupation: _____

Name of Director 2: _____

Street Address: _____

City: _____ Province/State: _____

Country: _____ Postal/Zip Code: _____

Occupation: _____

Name of Director 3: _____

Street Address: _____

City: _____ Province/State: _____

Country: _____ Postal/Zip Code: _____

Occupation: _____

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PART IX – BENEFICIAL OWNERSHIP

Please list all the company's beneficial owners who **directly or indirectly own 25% or more of the company shares** in the space provided below. If there are more than three beneficial owners, please attach a separate sheet including the name, address, occupation and percentage of shares in the company for each owner. Please submit any additional information along with this 'Corporate Client Application Form' electronically, by facsimile, or by mail. We will confirm our receipt of these documents upon arrival.

Owner 1 - Name: _____

Street Address: _____

City: _____ Province/State: _____

Country: _____ Postal/Zip Code: _____

Occupation: _____ Percentage Ownership: _____

Owner 2 - Name: _____

Street Address: _____

City: _____ Province/State: _____

Country: _____ Postal/Zip Code: _____

Occupation: _____ Percentage Ownership: _____

Owner 3 - Name: _____

Street Address: _____

City: _____ Province/State: _____

Country: _____ Postal/Zip Code: _____

Occupation: _____ Percentage Ownership: _____

PART X – CORPORATE RESOLUTION – AUTHORIZED INDIVIDUALS

The Directors and/or Owners of _____,
(the “business” or “corporation”) having authority to bind the business or corporation, resolve to authorize the below listed employees/individuals to trade in foreign exchange products with Aloris Mercantile Corporation on behalf of the account, granting them power to do any of the following:

- a) to buy, sell and agree to buy and sell currency.
- b) to give instructions for direction of funds purchased, including payment or remittance of funds to third parties.
- c) to deposit and withdraw from the account(s) held at Aloris Mercantile Corporation.
- d) to receive requests for additional margin and other notices from Aloris Mercantile Corporation.

Name: _____ Occupation: _____

Name: _____ Occupation: _____

Name: _____ Occupation: _____

Name: _____ Occupation: _____

I/we certify that the Corporation is existing and has full power and authority to enter into this agreement and take all actions recited in this resolution. Aloris Mercantile Corporation may rely on this certification in establishing and maintain accounts for the Corporation.

Dated at: _____ this _____
(Month) (Day) (Year)

Signature of Director and/or Owner Print Name of Director and/or Owner

Dated at: _____ this _____
(Month) (Day) (Year)

Signature of Director and/or Owner Print Name of Director and/or Owner

Dated at: _____ this _____
(Month) (Day) (Year)

Signature of Director and/or Owner Print Name of Director and/or Owner

PART XI – POLITICALLY EXPOSED FOREIGN PERSONS

Aloris Mercantile Corporation is required by law to determine if any individual acting on **behalf of a corporate account** is a Politically Exposed Foreign Person. The definition of a Politically Exposed Foreign Person (PEFP) is as follows:

A PEFP is an individual who holds or has held one of the following offices or positions in or on behalf of a foreign state:

1. head of state or head of government;
2. member of the executive council of government or member of a legislature;
3. deputy minister or equivalent rank;
4. ambassador or attaché or counsellor of an ambassador;
5. military officer with a rank of general or above;
6. president of a state-owned company or a state-owned bank;
7. head of a government agency;
8. judge; or
9. leader or president of a political party represented in a legislature.

It includes prescribed family members of such an individual. Prescribed family members include:

- The PEFP’s spouse or common-law partner, or the PEFP’s child
- The PEFP’s mother or father
- The mother or father of the PEFP’s spouse or common-law partner (mother-in-law or father-in-law)
- A child of the PEFP’s mother or father (brother, sister, step-brother, step-sister)

I affirm that I have understood the definition of a PEFP, and I am one of the following: [Check which **ONE** applies]:

1. I am a Politically Exposed Foreign Person
2. I am a family member of a Politically Exposed Foreign Person
3. I am not a Politically Exposed Foreign Person

If Option #1 has been checked, please complete the following information:

Office or Position Held: _____
 Source of funds to be used for transactions: _____

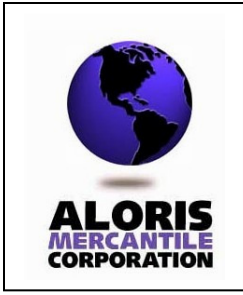
If Option #2 has been checked, please complete the following information:

Relationship to PEFP: _____ Office or Position Held: _____

Please sign and date this affirmation below:

Name: *(please print)* _____

Signature: _____ Date: _____



-TRADE AUTHORIZATION FORM-

This form is to guarantee that **only** the trading authority of your company may trade on the company's behalf. In cases where there is more than one trading authority, then a separate form must be filled out for each authorized person. A representative of Aloris Mercantile is required to view the original identification document at the time of trade and obtain a photocopy for the client's file. Once this information is obtained and confirmed any further trades requested by that employee will not require them to confirm their identification again. This identification is required for any trade of \$1,000 CAD or greater. Should any future trades involve a different employee, then that new individual will also have to provide their identification at the time of the trade and a record of that information placed on the client's file.

EMPLOYEE IDENTIFICATION INFORMATION

Full Name: _____

Home Address: _____

City: _____ Province / State: _____

Postal Code / Zip Code: _____ Telephone: _____

Date of Birth: _____ Occupation: _____

Valid Identification Presented: *Driver's License* *Passport* *Citizenship Card*

Other Approved Government ID ¹ _____

Number of ID Document: _____ Where Issued: _____

Expiry Date, if relevant: _____

FOR OFFICE USE:

IDENTITY AFFIRMATION

I affirm that I have seen the original document from which the above information was taken.

Date Original Identification Viewed: _____

<i>Aloris Employee [Print]:</i>	<i>Signature:</i>
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¹ Health cards issued in Ontario, Manitoba or P.E.I are not allowed