

# Personal Bank Account Application



# **Personal Bank Account Application Form**

# Welcome to DCBank

A Personal Bank Account at DCBank can be opened in a few simple steps. To better understand your banking needs and for us to verify your information, we have developed this application form. Please be sure to read all of the instructions and go through the form carefully. It is important to fully complete the application. Missing information could cause delays.

### **Application Requirements**

Please note that all sections in this application are mandatory and identify verification is required, which may be completed electronically or through in-person verification. If in-person verification required, you will need to show an authentic, valid, and current piece of government issued photo identification. A list of acceptable ID is included in DCBank's Opening A Personal Account Brochure, available on our website at www.dcbank.ca/account-agreements.

# Please forward the above documentation to:

Via Mail:	Via Email:	Via Fax:	
Digital Commerce Bank 736 Meridian Road NE Calgary, Alberta T2A 2N7	newaccounts@dcbank.ca	1-855-852-0391	

#### **Questions?**

If you have any questions about this application, please read our Opening a Personal Account brochure available online <a href="http://www.dcbank.ca/account-agreements">www.dcbank.ca/account-agreements</a> or contact the **DCBank New Accounts Department**:

### Toll-Free number: 1-844-836-6040

Fax: 1-855-852-0391

E-mail: newaccounts@dcbank.ca



Section 1: Applicant Information Form							
Applicant Information							
Title: Ms. Miss Mrs. Mr. Mx. Dr.	First Name:	First Name:		Last Name:			
Date of Birth:	Middle Name:	Middle Name:		Alias:			
Address (number, street, apartment):	City:	City:		Postal Code:			
Home Phone Number:	Cell or Alternate Phone	Cell or Alternate Phone Number:		Email Address:			
Preferred Language: English French	I wish to receive notificat Yes No		ions from DCBank:				
Employment Information							
Employment Status:							
Employed Unemployed Student	Retired 🗌 Hon	ne maker					
Name of Employer:	Job Title:						
Occupation:		Employer Business Telephone Number:					
Employer Address (number, street, apartment):	City:	Province:		Postal Code:			
Banking Relationship							
Indicate the primary intended use for this account:	What is your anticipated number of withdrawal transactions per month:		What will be your primary method of making withdrawals from the account:				
<ul> <li>Direct deposit of payroll or other income</li> <li>Payment of daily living expenses</li> <li>Short term savings account</li> <li>Retirement savings</li> <li>Savings for child's education</li> </ul>	□ 0-5 □ 5-15 □ 15+		<ul> <li>ATM cash withdrawals</li> <li>Online bill payments</li> <li>Point of sale transactions</li> <li>Interac e-Transfer</li> </ul>				
Are you a Politically Exposed Person (PEP)? See definition below. Yes No		Will this Account be used to conduct business on behalf of someone other than the named account holder? Yes No					
Do you have an existing DCBank Account? Yes No		If yes, please indicate your existing Account or card number:					

of state or government, (2) a member of the executive council of government or member of a legislature, (3) a deputy minister (or equivalent), (4) an ambassador or an ambassador's attaché or counsellor, (5) a military general (or higher rank), (6) a president of a state owned company of bank, (7) a head of a government agency, (8) a judge, or (9) a leader or president of a political party in a legislature; or (B) any of the following family members of an individual described in (A)(1)-(9): (i) mother, (ii) father, (iii) spouse, (iv) common law partner, (v) spouse's or common law partner's mother or father, (vi) brother, (vii) sister, (viii) half-brother, or (ix) half-sister, (in all cases regardless of citizenship, residence status, or birth place).

#### **Personal Information**

I agree and acknowledge that DCBank will verify the information provided to ensure its accuracy. I understand that, before my DCBank account can be opened, may be required to meet with a DCBank representative to verify my identification. I agree and acknowledge that the personal information provided to DCBank may be used to verify my identity with a credit reporting agency. I consent to the collection, use and disclosure as provided for in this Application and under DCBank's Privacy Code.

I authorize DCBank to obtain, verify, give, share and exchange personal information, including the release of this Application, about me, now and in the future, with any individuals, financial institutions, business corporations or other parties with whom I have or propose to have financial dealings, or who hold information about such dealings, such as credit bureaus. Such information may be used for the purpose of confirming my identity and assessing my financial situation, administering and maintaining my financial records, supporting and maintaining the accuracy and the integrity of the credit reporting system, and as may be otherwise permitted or required by law. I also authorize any person that DCBank contacts to provide such information. I authorize DCBank to record its telephone conversations for the administration of the DCBank account and to maintain quality service levels.

I understand that I may contact DCBank's Customer Service Centre at 844-836-6040 for additional information relating to DCBank's privacy policies and regarding options for withdrawing consent.



Verification of Identity						
Please complete the section below with the information as it appears on two pieces of authentic, valid, and current government issued photo identification such as a driver's license issued by a Province in Canada or a Canadian issued passport. A list of acceptable ID is included in DCBank's Opening A Personal Account Brochure, available on our website at www.dcbank.ca/account-agreements.						
Photo Identification Document Record						
First Name:	Last Name:		Middle Name:			
Expiry Date:		Identification Type:				
Identification Reference Number:		Place of Issuance:				
Photo Identification Document Record						
First Name:	Last Name: Middle Na		Middle Name:			
Expiry Date:		Identification Type:				
Identification Reference Number:		Place of Issuance:				
Declaration of Tax Residence						
Canada Revenue Agency (CRA) requires DCBank to collect and report certain information about the tax residency of an accountholder. If an accountholder's tax residence is located outside of Canada, DCBank may be legally required to report information to the CRA in connection with the <i>Foreign Account Tax Compliance Act</i> and Organization for Economic Co-operation and Development (OECD) <i>Common Reporting Standards</i> . Please note DCBank does not provide tax advice. If you need help answering the questions below your tax advisor may be able to assist you or you may contact the Canada Revenue Agency directly or visit its webpage related to the <u>reporting requirements</u> .						
Please select all that apply to you. You must select at least one of the following boxes:         I am a tax resident of Canada.         I am a tax resident of a jurisdiction other than Canada.         Please select all that apply to you:         I am a citizen of the United States of America.         I live, work or study in a jurisdiction outside of Canada for all or part of the year.						
. □ I receive income from a jurisdiction outside of Canada. Signature						
<ul> <li>The applicant agrees, acknowledges and certifies, by signing this Application, that:</li> <li>The information provided is true and complete.</li> <li>The information provided in the Verification of Identity section above pertains to authentic, valid, and current pieces of photo identification issued by a federal or provincial government.</li> <li>I certify that all statements made in connection with my declaration of tax residence, to the best of my knowledge and belief, are correct and complete, including changes in tax residence.</li> <li>In order to keep the file current, the applicant undertakes to advise the Bank of any changes to the information provided in this Application.</li> <li>By completing and submitting this Application, the applicant is requesting the opening of the Personal Account and the applicant agrees to pay the fees and be bound by the terms and conditions applicable to the personal account as set out online at www.dcbank.ca/account-agreements, as may be amended from time to time (the "Personal Account Terms and Conditions").</li> <li>The applicant has read and understands the DCBank Privacy Code as set out online at www.dcbank.ca/account-agreements, as may be amended from time to time.</li> <li>The applicant has read and understands the Fee Schedule as set out online at www.dcbank.ca/account-agreements, as may be amended from time to time.</li> <li>The applicant requests that the Bank open the Account for individual use.</li> </ul>						
Dated at: this: Applicant Signature:	d	day of: Year: Name:				