



## Corporate Bank Account Application

## Corporate Bank Account Application Form

### Welcome to DCBank

A Corporate Bank Account at DCBank can be opened in a few simple steps. To better understand your banking needs and for us to know your business, 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, except where the section is not applicable to the applicant's business type. Your completed application should include the following:

Section	Title	Completed
1	Applicant Information filled out completely (this form completed)	<input type="checkbox"/>
2	Required Identification Documentation (legible copies attached)	<input type="checkbox"/>
3	Banking Resolution (from page 10 of this application)	<input type="checkbox"/>
4	Financial Statements	<input type="checkbox"/>
5	Pre-Printed Business Cheque from another institution you have an account with	<input type="checkbox"/>
6	Trade References (page 11 of this application)	<input type="checkbox"/>

Please forward the above documentation to:

Via Mail:	Via Email:	Via Fax:
Digital Commerce Bank 736 Meridian Road NE Calgary, Alberta T2A 2N7	<a href="mailto:newaccounts@dcbank.ca">newaccounts@dcbank.ca</a>	1-855-852-0391

### Questions?

If you have any questions about this application, please contact the **DCBank New Accounts Department**:

**Toll-Free number: 1-888-409-0230**

**Fax: 1-855-852-0391**

**E-mail: [newaccounts@dcbank.ca](mailto:newaccounts@dcbank.ca)**

## Section 1: Applicant Information Form

### Applicant Information

Legal Name of Business (the "Business"):

Business Identification Number (BIN), Quebec Enterprise Number (NEQ), or Social Insurance Number (for business that does not have a BIN or NEQ, ie. Sole Proprietorships)<sup>1</sup>

Head Office Address (number, street, apartment)

City:

Province:

Postal Code:

Business Phone Number

Ext.

Website:

Fax #

### Type of Business

Residency for Tax Purposes  
(choose one only)

☐ Canada (include province below)

☐ U.S. (include state below)

☐ Other (include country below)

Country of legal formation: ☐ Canada ☐ U.S. ☐ Other (please specify):

Preferred language: ☐ English ☐ French

### Type of Entity

☐ Corporation

☐ Investment Club

☐ Estate

☐ Informal Trust

☐ Condominium Corporation

☐ Partnership (includes personal assets, commercial)

☐ Complex Trust

☐ Individual Pension Plan (IPP)

☐ Union

☐ Pension Fund

☐ Grantor Trust

☐ Government/International Organization

☐ Personal Holding Company

☐ Investment Counsellor/Portfolio Manager

☐ Simple Trust

☐ Private Foundation

☐ Tax Exempt Organization (Includes Charity – CRA Registered, Not for Profit – CRA Registered) ☐ Sole Proprietorship

Does the entity (including parent company or subsidiaries) have, or intend to have, operations or conduct business outside of Canada or the U.S.?

☐ No ☐ Yes (if Yes, indicate which country(ies) and explain business):

### Describe the Primary Nature of Business/Industries of the Entity<sup>2</sup>

### Describe the Intended Use of the Account<sup>3</sup>

<sup>1</sup> The Business identification number is a 9-digit number issued by the federal government for income tax purposes. The Quebec Enterprise Number is a 10-digit number issued in Quebec for GST/TVQ reporting purposes. The Incorporation Number (or Corporation Registration Number), required only for corporate applicants, is issued by the federal or applicable provincial government(s) upon registering the corporation

<sup>2</sup> Be as clear as possible in describing the primary function or activity of the Business. For example, descriptions such as "administration" or "manufacturer" do not sufficiently describe the function or the activities of the Business. Descriptions such as "payroll administration services" or "car manufacturer" are acceptable.

<sup>3</sup> The Bank is required by law to determine the use of the account. Answers of "Unknown" or "Not Applicable" are unacceptable and will result in processing delays.

## Beneficial Owners

List all shareholders and provide complete details:

1	Name:	Home Address:		
	Date of Birth:	Occupation:	% Ownership:	
	How Shares are Held:			
2	Name:	Home Address:		
	Date of Birth:	Occupation:	% Ownership:	
	How Shares are Held:			
3	Name:	Home Address:		
	Date of Birth:	Occupation:	% Ownership:	
	How Shares are Held:			
4	Name:	Home Address:		
	Date of Birth:	Occupation:	% Ownership:	
	How Shares are Held:			
5	Name:	Home Address:		
	Date of Birth:	Occupation:	% Ownership:	
	How Shares are Held:			
6	Name:	Home Address:		
	Date of Birth:	Occupation:	% Ownership:	
	How Shares are Held:			
7	Name:	Home Address:		
	Date of Birth:	Occupation:	% Ownership:	
	How Shares are Held:			

Are shares of the entity traded on a public stock exchange? (If Yes, indicate stock symbol):

☐ No ☐ Yes

### Director Information<sup>4</sup>

Please complete the information below for all the directors of the Business. If additional space is required, please attach a separate sheet.

For corporations, partnerships, condominium operations or trade/labor unions.

For occupation, please be as specific as possible, e.g., *Manager of Sales for a software company*.

<div>1</div> <div>2</div> <div>3</div> <div>4</div>	Name:	Occupation:
	Phone #:	Email:
	Name:	Occupation:
	Phone #:	Email:
	Name:	Occupation:
	Phone #:	Email:
	Name:	Occupation:
	Phone #:	Email:

### Applicant Operations

Does the entity conduct any of the following activities?

Operate as a Non- Registered Charity or Not for Profit Organization	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Registered Money Service Business. If Yes, License/Registration #: <input type="text"/>	<input type="checkbox"/> No	<input type="checkbox"/> Yes
If YES, will this account or any Bank services be used by, or on behalf of, the Business for the purposes of operating, conducting, or otherwise engaging in, any Money Service Business activities	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Operate a Cheque Cashing/Payday Lending Business. If Yes, License/Registration#: <input type="text"/>	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Operate and load a White Label banking machine(s)	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Buy or sell or deal in precious metals, gems or fine jewellery (domestically or internationally)	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Operate a casino, bingo, or gambling/gaming service. If Yes, License/Registration #: <input type="text"/>	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Operate an internet gambling business. If Yes, provide License/Registration #: <input type="text"/>	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Sell used cars, boats or airplanes	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Operate as an arms manufacturer, dealer or intermediary	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Create or operate as an exchange/exchanger of Bitcoin or other crypto/virtual currencies	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Operate a telemarketing/direct marketing business (sell goods/services via telephone or the internet)	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Operate a pawn broker service	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Operate a Trust, Private Investment Company, or Personal Holding Company formed outside of Canada or the U.S.	<input type="checkbox"/> No	<input type="checkbox"/> Yes
If YES, License/Registration #: <input type="text"/>	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Operate a Correspondent Bank. If Yes, License/Registration #: <input type="text"/>	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Operate a Shell Bank. If Yes, License/Registration #: <input type="text"/>	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Operate as a medical marijuana licensed retailer or distributor If yes, provide License/Registration #: <input type="text"/>	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Operate an account for a Foreign Government <input type="checkbox"/>	<input type="checkbox"/> No	<input type="checkbox"/> Yes
<div>(if Yes, indicate which country): <input type="text"/></div>		

<sup>4</sup> If additional space is required, attach a separate sheet.

## Self-Certification Foreign Account Tax Compliance Act (FATCA)

For more information on the Canada Revenue Agency Enhanced Financial Account Information Reporting and the U.S. Foreign Account Tax Compliance Act (FATCA), please refer to the Canada Revenue Agency website or consult your legal tax advisor.

### Select one of the following:

#### Non-U.S. Non-Financial Entity

- ☐ Active Non-Financial Entity (e.g., more than 50% of income is generated from an active trade or business; more than 50% of assets are used in an active trade or business; registered charity; government; publicly traded corporation)
- ☐ Passive Non-Financial Entity (e.g., more than 50% of income is passive or investment income; more than 50% of assets are used to generate passive or investment income)
- Does the client have any U.S. Controlling Persons (U.S. beneficial owners)? ☐ No ☐ Yes (if yes, please complete the Beneficial Ownership Information Form)

#### U.S. Entity

- ☐ Specified U.S. Entity (organized or incorporated in the U.S. other than entities listed under "Other U.S. Entity")
- U.S. Taxpayer Identification Number (TIN)
- ☐ Other U.S. Entity (e.g., publicly traded U.S.)
- Does the client have any U.S. Controlling Persons (U.S. beneficial owners)? ☐ No ☐ Yes (if yes, please complete the Beneficial Ownership Information Form)

#### Non U.S. Financial Institution (FI)

- ☐ Reporting Canadian Financial Institution or Partner Jurisdiction Financial Institution
- Global Intermediary Identification Number (GIIN)
- ☐ Participating Foreign Financial Institution
- Global Intermediary Identification Number (GIIN)
- ☐ Registered Deemed Compliant Financial Institution
- Global Intermediary Identification Number (GIIN)
- ☐ Non-Reporting Canadian or Partner Jurisdiction Financial Institution
- ☐ Certified Deemed Compliant Financial Institution
- ☐ Non-Participating Financial Institution

### Authorized Signing Officer Information<sup>5</sup>

Please complete the information below and indicate the two (2) types of documentation viewed (at least one must be government issued) to verify the identity of each of the Authorized Signing Officers named below (maximum of three).

Officer #1	First Name:	Last Name:	Date of Birth (mm/dd/yyyy):	Occupation/Title:	
	Home Address:	City:	Province:	Postal Code:	
	Home Phone #:	Business Phone #:	SIN (Optional):		
	Type of Identification:	Identification #:	Place of Issue:	Expiry Date:	
	Are you a Politically Exposed Person (PEP)? See definition below. <sup>6</sup>				No: <input type="checkbox"/>
Officer #2	First Name:	Last Name:	Date of Birth (mm/dd/yyyy):	Occupation/Title:	
	Home Address:	City:	Province:	Postal Code:	
	Home Phone #:	Business Phone #:	SIN (Optional):		
	Type of Identification:	Identification #:	Place of Issue:	Expiry Date:	
	Are you a Politically Exposed Person (PEP)? See definition below.				No: <input type="checkbox"/>
Officer #3	First Name:	Last Name:	Date of Birth (mm/dd/yyyy):	Occupation/Title:	
	Home Address:	City:	Province:	Postal Code:	
	Home Phone #:	Business Phone #:	SIN (Optional):		
	Type of Identification:	Identification #:	Place of Issue:	Expiry Date:	
	Are you a Politically Exposed Person (PEP)? See definition below.				No: <input type="checkbox"/>
Officer #4	First Name:	Last Name:	Date of Birth (mm/dd/yyyy):	Occupation/Title:	
	Home Address:	City:	Province:	Postal Code:	
	Home Phone #:	Business Phone #:	SIN (Optional):		
	Type of Identification:	Identification #:	Place of Issue:	Expiry Date:	
	Are you a Politically Exposed Person (PEP)? See definition below.				No: <input type="checkbox"/>

<sup>5</sup> If the Business has more than three Authorized Signing Officers, Personal information for the three primary individuals that will be providing instructions on the account is required to be completed in the Application. DCBank staff or an agent or mandatary approved by DCBank must view the original, valid and unexpired identification documents that verify the identity of these individuals. Applicants must provide a valid government issued piece of photo identification bearing the individual's likeness and signature (example: Canadian passport or driver's license). If you are unsure of what acceptable identification is, please call the Bank's Support Center at 1-888-409.0230 for a complete listing of acceptable identification document types.

<sup>6</sup> "Politically Exposed Person" ("PEP") means (A) any person who holds or has ever held one of the following offices or positions in or on behalf of a country: (1) a head 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).

## Regulatory Information

This section must be completed	Will this account be used by, or on behalf of, a third party? <sup>7</sup> If Yes, please provide information below:		No: <input type="checkbox"/>	Yes: <input type="checkbox"/>
	Name:	Address:	Phone #:	
	Contact email:			

## Personal Information

The Business authorizes the Bank to obtain, verify, give, share and exchange personal information, including the release of this Application, about the persons identified as Authorized Signing Officers for the Account and/or those individuals that have signed this Application and information about the Business, now and in the future, with any individuals, financial institutions, business corporations or other parties with whom the Business has or proposes to have financial dealings, or who hold information about such dealings, such as credit bureaus. Such information will be used for the purpose of confirming identity and assessing the financial situation of the Business, administering and maintaining the Business' 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. The Business also authorizes any person that the Bank contacts to provide such information. The Business authorizes the Bank to record its telephone conversations for the administration of the Account and to maintain quality service levels.

The Business acknowledges that it has read and understands the Personal Information Statement in the Corporate Banking Account Agreement and consents to the collection, use and disclosure of information in accordance with the terms of the Personal Information Statement.

The Business confirms that any individual who has provided their personal information, in connection with this Account, has consented to the collection, use and disclosure as provided for in this Application and under the Personal Information Statement.

The Business may contact the Bank's Customer Service Centre at 888.409.0230 for additional information relating to the Bank's privacy policies and regarding options for withdrawing consent.

## Signature(s)

The undersigned Authorized Signing Officer(s) of the applicant Business agree(s), acknowledge(s) and certifies, by signing this Application, that:

- ▶ The information provided is true and complete.
- ▶ That, subject to written confirmation by the Bank of the completion of any enhanced due diligence measures, together with such additional documents, agreements or terms from the Business that the Bank may require, in its sole and absolute discretion, neither the account or any Bank services will be used by, or on behalf of, the Business for the purposes of operating, conducting, or otherwise engaging in, any Money Service Business activities.
- ▶ In order to keep the file current, the Business undertakes to advise the Bank of any changes to the information provided in this Application.
- ▶ By completing and submitting this Application, the Business is requesting the opening of the Corporate Account and the Business agrees to pay the fees and be bound by the terms and conditions applicable to the corporate account as set out online at [www.dcbank.ca/account-agreements](http://www.dcbank.ca/account-agreements), as may be amended from time to time (the "Corporate Banking Account Agreement"). The Business agrees to be bound by this Application, the Corporate Banking Account Agreement and any service specific terms and conditions, in force from time to time.
- ▶ Cheques and other vouchers will not be returned to the Business.
- ▶ The Bank does not verify signatures on cheques prior to clearing them.
- ▶ The Bank is entitled to rely on this executed application as duly and validly authorized and binding on the Business. For businesses other than Corporations, the Bank does not need to make any further inquiry into the authority of the Authorized Officers to bind the Business.
- ▶ The Business requests that the Bank open the Account for the Business.

Please indicate how many signatures are required to transact on the account:  <div style="border: 1px solid black; width: 50px; height: 20px; margin: 5px 0;"></div> Indicate Number <sup>8</sup>	Dated at: _____ this: _____ day of: _____ Year: _____		
	Authorized Signing Officer's Signature:	Name:	Title:
	Authorized Signing Officer's Signature:	Name:	Title:
	Authorized Signing Officer's Signature:	Name:	Title:

<sup>7</sup> If the account will be opened for, or will be used by, another person or entity, then select the "Yes" box and provide the Third Party's name, address, date of birth, principle business or occupation, incorporation number and place of issue (if applicable) and the relationship with the Account Owner.

<sup>8</sup> Please indicate how many signatures will be required to provide instructions or sign cheques on the account. Only individuals authorized to open the account should sign this section. Note that in some companies or businesses, these individuals may not be the same as the appointed Authorized Signing Officers. For example, some companies may only allow certain Officers to open an account, such as the President, Chief Financial Officer or Treasurer, but will allow other Officers to operate the account.



## Section 2: Required Identification Documentation

Identify your type of business below and provide corresponding required identification documents:

Type of Business	Identification Documentation Required	Included	Not Applicable
<b>Corporation</b> (Examples include for-profit businesses, public bodies such as municipalities, cities and hospitals and incorporated not-for-profit organizations such as churches, charities and associations)	1. Please complete the Banking Resolution (included in section 3) and have it ratified by the Board of Directors. <ul style="list-style-type: none"> <li>The Bank will confirm existence of the entity by searching various government databases. If search results are not acceptable, additional documentation may be required.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
	2. Copy of articles of incorporation, a certificate of incorporation and constating documents.	<input type="checkbox"/>	<input type="checkbox"/>
<b>Partnership</b>	1. A current list of all beneficial owners.	<input type="checkbox"/>	<input type="checkbox"/>
	2. Information regarding the partners which may include information required for corporations or partnership agreements.	<input type="checkbox"/>	<input type="checkbox"/>
<b>Sole proprietorship</b>	1. Name of principal/owner.	<input type="checkbox"/>	<input type="checkbox"/>
	2. A copy of your latest CRA Notice of Assessment.	<input type="checkbox"/>	<input type="checkbox"/>
<b>Charitable or not-for-profit organization</b> (examples include a club, association, society, lodge or church)	1. Copy of provincial or federal registration or other constituting documents (i.e. articles of association, charter, by-laws).	<input type="checkbox"/>	<input type="checkbox"/>
	2. Copy of CRA registration and number for registered charity.	<input type="checkbox"/>	<input type="checkbox"/>

### Section 3: Banking Resolution<sup>9</sup>

To: Digital Commerce Bank ("The Bank") The undersigned certifies:

That the following is true copy of the resolutions duly passed on the \_\_\_\_\_ day of \_\_\_\_\_

By the Director(s) of \_\_\_\_\_  
Corporate Name

(Hereinafter called the "Corporation") and that said resolutions are now in full force and effect:

RESOLVED:

1. THAT Digital Commerce Bank (hereinafter called the "Bank") is appointed one of the bankers of the Corporation.
2. THAT any \_\_\_\_\_\* of the Authorized Signing Officers of the Corporation identified below (is/are) authorized on behalf of the Corporation to sign such agreements and other documents and deliver such instructions as may be required by the bank in accordance with the Account Agreement and the Corporate Bank Account Application to provide the selected banking services to the Corporation.
3. THAT these Resolutions shall be irrevocable until alternate Resolutions shall have been passed and a certified copy delivered to the Bank.
4. THAT the following are the Authorized Signing Officer(s) of the Corporation:

Title	Name	Specimen Signature

The undersigned certifies that the foregoing Banking Resolution is a true copy of a resolution properly passed by the Board of Directors of the Corporation and that the said resolution is now in full force and effect and that the Bank may act upon them until the Bank is notified in writing to the contrary.

Certified at \_\_\_\_\_ this \_\_\_\_\_ of \_\_\_\_\_, \_\_\_\_\_  
(City/Town) (day) (month) (year)

Authorized Officer of the Company signature:

<sup>9</sup> Complete the Banking Resolution appointing the Authorized Signing Officers. The Banking Resolution must be ratified by the Corporation's Directors and must be signed by a person authorized to certify the Banking Resolution (usually the Corporate Secretary or President).

**Section 4: Financial Statements**

<b>Financial Statements</b>	Provide copies of your most recent interim financial statements and last two full years.	Interim year:
	Provide the name and contact information for the statement auditor.	Full years (i.e. 2017, 2018):
	Name:	Phone #:
	E-mail:	

**Section 5: Pre-Printed Business Cheque**

<b>Pre-Printed Business Cheque</b>	Provide a pre-printed business cheque with the full business name, drawn from another account of the Business at a Canadian financial institution, made payable to the Business for any amount as your initial deposit, <b>or</b> A VOID pre-printed business cheque or bank account confirmation form completed by your bank in the existing corporate bank account in the same name, if you have completed the funds transfer section.	<input type="checkbox"/>
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ATTACH VOID CHEQUE

## Section 6: Trade References

Provide three trade references, these can be suppliers, bankers etc.

Reference #1	Company:	Contact:	Title/Occupation:	
	Address:	City:	Province:	Postal Code:
	Phone #:	Fax #:	E-mail:	
	Annual value of purchases (CDN \$):	Doing Business Since:		
Reference #2	Company:	Contact:	Title/Occupation:	
	Address:	City:	Province:	Postal Code:
	Phone #:	Fax #:	E-mail:	
	Annual value of purchases (CDN \$):	Doing Business Since:		
Reference #3	Company:	Contact:	Title/Occupation:	
	Address:	City:	Province:	Postal Code:
	Phone #:	Fax #:	E-mail:	
	Annual value of purchases (CDN \$):	Doing Business Since:		