

**NAME OF INDIVIDUAL:** \_\_\_\_\_

I, the undersigned, attest that (i) I understand and accept that I am acting as an agent on behalf of the Equitable Bank and its successors, assigns and co-lenders for the purpose of ascertaining the identity of the individual(s) listed below; (ii) I am currently in good standing with my licensing body; (iii) I have personally met with each individual; and (iv) I have examined **one valid and current** original identification document from the list in Appendix A that has been verified by me in accordance with the *Proceeds of Crime (Money Laundering) and Terrorist Financing Regulations* of Canada. I **attach a photocopy of both sides of the identification document hereto**, and have recorded below the following information for each individual.

**Please Note:** This form may be used to identify a borrower, signing officer or power of attorney, and must be completed in full, including PEP and Third Party declarations (where applicable). The name of the individual must be recorded **exactly as it appears on the identification document**.

LAST NAME	FIRST NAME	MIDDLE NAME	DATE OF BIRTH MMM DD YYYY	OCCUPATION <sup>1</sup> (include title and industry)
ADDRESS			CITY	COUNTRY
IDENTIFICATION TYPE	IDENTIFICATION NUMBER		JURISDICTION & COUNTRY OF ISSUE	EXPIRY DATE, IF AVAILABLE

**PRIVACY CONSENT:** You agree that Equitable Bank may collect, use and disclose your information in accordance with the terms of its Privacy Agreement and federal legislation, including providing information to third parties. A copy of Equitable Bank's Privacy Agreement has been or will be provided to you and is available on Equitable Bank's website at [www.equitablebank.ca](http://www.equitablebank.ca) and in its offices. You may also request a copy of the Privacy Agreement by calling 1-866-407-0004.

**THIRD PARTY CERTIFICATION (to be completed where individual is the borrower or signing officer)**

 I hereby certify that this account: *(check the appropriate box)*

- will not be used by, or on behalf of, or be for the benefit of, a third party as defined in Appendix B.
  will be used by, or on behalf of, or be for the benefit of, a third party as defined in Appendix B.<sup>2</sup>

**POLITICALLY EXPOSED PERSON (PEP) CERTIFICATION (check the appropriate box)**

I hereby certify that I am:

- NOT a Politically Exposed Person as defined in Appendix A.
  a Politically Exposed Person, as defined in Appendix A.

**SIGNATURE OF INDIVIDUAL**
**Signature of Agent:** \_\_\_\_\_

**Name of Agent (please print):** \_\_\_\_\_ **Date:** \_\_\_\_\_

<sup>1</sup> Vague description such as "Business-for-Self", "self-employed", "consultant", "investor", "business owner", "businessman", "entrepreneur" or "Signing Officer" is **not acceptable**. The occupation must clearly reflect the nature of the work and the industry in which it is performed.

<sup>2</sup> If you check this box you **must** also complete the attached Appendix "B" Third Party Information Form.

Obtain one piece of **government-issued photo identification, federal, provincial, or territorial**, from the list below.

- (1) Driver's Licence, including Enhanced Driver's License where issued by participating provinces
- (2) Passport<sup>i</sup>
- (3) Canadian Citizenship Card (**not Canadian Citizenship Certificate**) issued prior to 2012
- (4) Permanent Resident Card
- (5) Possession and Acquisition License (PAL) — issued by the Canadian Federal government under the *Firearms Act*.
- (6) Armed Forces ID issued by the Government of Canada – for current enlisted personnel only; not civilian or reserve
- (7) FAST Card
- (8) NEXUS Card
- (9) Provincial Health Card, but only if it contains a photograph and is not prohibited by provincial legislation<sup>ii</sup>
- (10) Provincial or territorial identification card issued by any of the following:
  - the Ministry of Transportation of Ontario (Ontario Photo Card)
  - the Insurance Corporation of British Columbia;
  - Alberta Registries;
  - Saskatchewan Government Insurance;
  - Manitoba Public Insurance
  - the Department of Service Nova Scotia and Municipal Relations;
  - the Department of Transportation and Public Works of the Province of Prince Edward Island;
  - Service New Brunswick; or
  - the Department of Government Services and Lands of the Province of Newfoundland and Labrador

**Notes:**

- i) The place of issuance for a Passport is deemed to be the country/jurisdiction which originally issued the document.
- ii) We can accept an individual's provincial health card, but only if it is not prohibited by provincial legislation.
- iii) All identification documents must be current to be acceptable.
- iv) Currently Ontario, Manitoba, Nova Scotia and P.E.I. prohibit use of the health card for identification purposes. \*In Quebec, we cannot request to see a client's health card, but we may accept it if the client wants to use it for identification purposes.
- v) Valid foreign ID, if equivalent to an acceptable type of Canadian identification document, is acceptable.
- vi) Where the individual is not physically present in Canada, a third party (e.g., lawyer, notary public, commissioner of oaths or similar person) who is attesting to the individual's identity on our behalf has to be properly instructed in writing to act as our agent and has to complete and sign the IVF Form. In addition, the lawyer, notary public, commissioner of oaths or similar person's good standing must be confirmed.

**Politically Exposed Person (PEP):**

A PEP is a person who is a "senior political figure" or "head of an international organization", any member of his/her "immediate family," or any of his/her "close personal or business associates". The "head of an international organization" means the head of an international organization that is established by the governments of states or the head of an institution of any such organization.

A **senior political figure** is an individual who holds or has ever held in the past, one of the following offices or positions in or on behalf of **Canada** or a **foreign** country:

- |   |  |
|---|--|
| ○ Governor General, lieutenant governor or head of state or government;                                   | ○ a president of a corporation that is wholly owned directly by her Majesty in right of Canada or a province; or president of a state owned company or bank; |
| ○ a member of the executive council of government, Senate or House of Commons or member of a legislature; | ○ a head of government agency;   |
| ○ a deputy minister (or equivalent rank);   | ○ a judge;   |
| ○ an ambassador or an ambassador's attaché or counselor;  | ○ a leader or president of a political party in a legislature; or  |
| ○ a military general (or higher rank);  | ○ mayor  |
| ○ holder of any prescribed office or position;  |  |

PEP also includes the senior political figure's or the head of an international organization's **immediate family members** as described below:

- |  |  |
|--|--|
| ○ spouse or common law partner;                        | ○ mother or father; or                               |
| ○ child; brother, sister, half-brother or half-sister; | ○ spouse's or common-law partner's mother or father. |

PEP also includes a "close associate". A close associate can be an individual who is closely connected to a PEP for personal or business reasons. The term "close associate" is not intended to capture every person who has been associated with a PEP.

**Third Party Determination** – A **third party** is a person (i.e., an individual or entity), other than the account holder or those authorized to give instructions about the account, who would make a financial contribution to or would have a financial interest in or would receive financial benefit from the account; and/or exerts or appears to exert control over what happens with the account. Exceptions are gifts (full or partial) from the following immediate relatives: Spouse or common-law partner; Parent(s) or parent(s)-in-law; Child(ren); Sibling(s); Grandparent(s); and/or Grandchild(ren).

Complete for an Individual:

FULL NAME	
ADDRESS	
CITY	PROVINCE
COUNTRY	POSTAL CODE
OCCUPATION <sup>1</sup>	DATE OF BIRTH

<sup>1</sup> Vague description such as “Business-for-Self”, “self-employed”, “consultant”, “investor”, “business owner”, “businessman”, “entrepreneur” or “Signing Officer” is **not acceptable**. The occupation must clearly reflect the nature of the work and the industry in which it is performed.

**OR**

Complete for a Corporation:

NAME OF BUSINESS	
NATURE OF BUSINESS	
INCORPORATION NUMBER AND PLACE OF ISSUE	
ADDRESS	CITY
COUNTRY	POSTAL CODE

What is the relationship between the individual identified by the applicable identification verification form and the Third Party?

- |                                   |                                   |  |  |
|-----------------------------------|-----------------------------------|--|--|
| <input type="checkbox"/> Agent    | <input type="checkbox"/> Borrower | <input type="checkbox"/> Employee          | <input type="checkbox"/> Friend                |
| <input type="checkbox"/> Relative | <input type="checkbox"/> Trustee  | <input type="checkbox"/> Power of Attorney | <input type="checkbox"/> Other (specify) _____ |

Additional Comments:

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NAME OF PERSON OR FIRM COMPLETING THIS FORM	
SIGNATURE	DATE