

**Introduction:** This Personal Information Collection Form is to be completed and submitted to Equitable Bank as part of a Corporate application package for our CSV Max Line of Credit, CSV Flex Line of Credit, or an Immediate Financing Arrangement (IFA). The information provided below will be used to verify the identity of the relevant individual.

All signing officers (up to a maximum of 3) of the corporate applicant are required to complete and submit a Personal Information Collection Form.

LAST NAME	FIRST NAME	MIDDLE NAME
MAIDEN NAME (IF APPLICABLE)	SOCIAL INSURANCE NUMBER	DATE OF BIRTH MMM DD YYYY
ADDRESS		POSTAL CODE
CITY	COUNTRY	OCCUPATION <sup>1</sup> (include title and industry)
PREVIOUS HOME ADDRESS (WITHIN PAST TWO YEARS) (IF APPLICABLE)		
POSTAL CODE	CITY	COUNTRY
<p><b>Privacy</b></p> <p>By completing this document, you agree that Equitable Bank may collect, use and disclose your information in accordance with the terms of its Privacy Agreement and federal legislation, which may include providing information to third parties. You acknowledge that providing your Social Insurance Number in this Application is optional. If you choose to provide it, Equitable Bank may use it in accordance with its Privacy Agreement. You further consent to Equitable Bank obtaining a credit report from any credit reporting agency in connection with this Agreement, on an annual or more frequent basis, as Equitable Bank deems necessary. A copy of the Privacy Agreement is attached to the Corporate Equitable Bank CSV MAX, CSV FLEX, and IFA Applications and is also available on Equitable Bank's website and in its offices. You may also request a copy of the Privacy Agreement by contacting Equitable Bank.</p>		
<p><b>POLITICALLY EXPOSED PERSON (PEP) CERTIFICATION</b> (check the appropriate box)</p> <p>I hereby certify that I am:</p> <p><input type="checkbox"/> NOT a Politically Exposed Person as defined in Appendix A.    <input type="checkbox"/> a Politically Exposed Person, as defined in Appendix A.</p>		
<p><b>THIRD PARTY CERTIFICATION (to be completed where individual is the borrower or signing officer)</b></p> <p>I hereby certify that this account: (check the appropriate box)</p> <p><input type="checkbox"/> will not be used by, or on behalf of, or be for the benefit of, a third party as defined in Appendix B.    <input type="checkbox"/> 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></p>		

<p><b>Signatures</b></p> <p>By signing below, you certify that all information provided by you in this form is true and accurate in all respects and that you will immediately notify Equitable Bank if any of this information changes. Your signature further signifies your acceptance of the terms set out in this form and the associated Application, and your acknowledgement that Equitable Bank is in no way obligated to approve your Application.</p> <p>Signed this _____ day of _____, 20____.</p> <p>Signature of Individual: _____</p>
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<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.

**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 member of the executive council of government, Senate or House of Commons or member of a legislature;
- a deputy minister (or equivalent rank);
- an ambassador or an ambassador’s attaché or counselor;
- a military general (or higher rank);
- holder of any prescribed office or position;
- 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 head of government agency;
- a judge;
- a leader or president of a political party in a legislature; or
- mayor

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;
- child; brother, sister, half-brother or half-sister;
- mother or father; or
- 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, guarantor or those authorized to give instructions on 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. An individual or entity acting under a POA is a Third Party.

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?

- Agent                       Borrower                       Employee                       Friend  
 Relative                       Trustee                       Power of Attorney                       Other (specify) \_\_\_\_\_

Additional Comments:

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NAME OF PERSON OR FIRM COMPLETING THIS FORM	
SIGNATURE	DATE