

7190 Lantzville Rd, PO Box 70 Lantzville, BC VOR 2H0 t: 250.390.4131 e: info@kmacpa.ca www.kmacpa.ca

SECTION A							*Filled by Accountant*				
						Did you					
						close the					
	Account #	Account type	Jointly H	leld? **	Institution Name	the y	ear?	Currency	Maximum balance	FX Rate	USD Value
			Yes	No		Yes	No				
1											USD
			Yes	No		Yes	No				
2											USD
			Yes	No		Yes	No				
3											USD
			Yes	No		Yes	No				
4											USD
_			Yes	No		Yes	No				USD
5			Vaa	Na		Vaa	No				030
6			Yes	No		Yes	INO				USD
0			Yes	No		Yes	No				030
7			163	NO		163	NO				USD
<u> </u>			Yes	No		Yes	No				030
8			103	110		163	140				USD
			Yes	No		Yes	No				
9											USD
			Yes	No		Yes	No				
10											USD
			Yes	No		Yes	No				
11											USD
			Yes	No		Yes	No				
12											USD
			Yes	No		Yes	No				
13											USD
			Yes	No		Yes	No				
14			<u> </u>			<del> </del>					USD
			Yes	No		Yes	No				
15											USD

<sup>\*\*</sup> If jointly held, please complete Section C for each jointly held account.



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	SECTION B - Financial Institution (to match line	es above)		
	Insitution Street Address or PO Box	City	Province	Postal Code
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				



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	SECTION C - Jointly Held Accounts								
	Other Account Holder's Full Name	SSN / NRA	Street Address	City	Province	Postal Code			
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									



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	SECTION D - Signing Authority without Financial Interest								
	Principal Account Holder's Full Name	SSN / EIN	Street Address	City	Province	Postal Code			
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									