



Client Application Form

Date: July 2021

1: General Information

Legal Business Name

Operating As or Trade Name (Please provide a Master Business License if applicable)

Address

City

Province

Postal Code

Country

Business Phone Number

Fax Number

Email Address

Nature of Business (Specify):

2: Registration Information*

Organizational Type (ex. Incorporated, Sole Proprietor, Holding Company, etc...)

Registration Number

Jurisdiction of Registration

Province

Date of Incorporation (dd/mm/yyyy)

* Please attach your Articles of Incorporation

3: Director and Shareholder Information

Person(s) who own or control, directly or indirectly, 20% or more of the company

First Name, Initial, Last Name

Ownership %

Occupation

Home Address

5: Signing Authority and Authorized Representatives

I / We have the authority to bind the Corporation. I certify that the following individuals occupy the positions listed below and I certify that the following are valid specimen signatures of those individuals listed below: Each of the following persons, by signing below, and consents to the collection, use and disclosure of their personal information for any reasonably ancillary purposes.

Full Legal Name:

Occupation:

Authorized Signature:



Date (dd/mm/yyyy)

Full Legal Name

Occupation:

Authorized Signature:



Date (dd/mm/yyyy)

6: Third Party Determination Statement

A 'Third Party' is defined as anyone other than VoPay, or the customer(s) designated as the signing officer(s) for the account, who would make frequent deposits to, provide direction on behalf of the account holder or have control over the assets held by VoPay on behalf of the client.

Will your VoPay account be used by, or on behalf of a Third Party?

Yes

No

7: Anti-Money Laundering Information

The Proceeds of Crime (Money Laundering) and Terrorist Financing Act (Canada) requires VoPay to validate your identity.

Are any of the individuals listed above or transacting with VOPAY Politically Exposed Foreign Persons (PEFP)*?

Yes

No

*A PEFP is an individual who holds or has ever held one of the following offices or positions in or on behalf of a foreign country: a head of state or government; a member of the executive council of government or member of a legislature; a deputy minister (or equivalent); an ambassador or an ambassador's attaché or counsellor; a military general (or higher rank); a president of a state-owned company or bank; a head of a government agency; a judge; or a leader or president of a political party in a legislature. A politically exposed foreign person also includes the following family members of the individual described above: mother or father; child; spouse or common-law partner; spouse's or common-law partner's mother or father and brother, sister, half-brother or half-sister (that is, any other child of the individual's mother or father).

8. Client Application Authorization

I/We undersigned certify that all of the above information provided to VoPay to establish a business relationship is accurate and complete.

Primary Signing Authority:

Authorized Signature:



Date (dd/mm/yyyy)

Secondary Signing Authority:

Authorized Signature:

Date (dd/mm/yyyy)

Date:

This is a release permitting VOPAY to obtain an Identification Verification report about you in connection with you or your company's foreign exchange account application. This check will not show up in your credit history. VoPays uses this report to verify that you are who you say you are when opening an account.

I _____, hereby consent to VOPAY and/or its agents obtaining a validation of my person using the information from the report to verify my identification.

Please provide a copy of your driver's license along with this form.



Signature

Date Signed (dd/mm/yyyy)