

FOR BANK STAFF USE ONLY
IDENTIFICATION OF AUTHORIZED SIGNING OFFICERS
(Corporations)

Two Pieces of Original Identification are required

Name (First, Middle, Last) <i>Nathan, Scott, Scherr</i>		
Residential Address (P.O. Boxes are not acceptable) <i>943 Dutkowski Cres.</i>		
City <i>Regina</i>	Province <i>SK</i>	Postal Code <i>S4N 6X7</i>
D.O.B. (DD/MM/YYYY) <i>02/04/1979</i>	Occupation <i>Software Developer</i>	
Home Phone <i>306-526-9039</i>	Email <i>nathan.scherr@sandgapplications.com</i>	
ID Type <i>Driver's Licence</i>	Reference # <i>15703085</i>	Expiry Date (if applicable) <i>30/04/23</i>
Place of Issuance <i>Saskatchewan</i>	Country of Issuance <i>Canada</i>	
ID Type <i>Health Card</i>	Reference # <i>300 223 528</i>	Expiry Date (if applicable) <i>31/12/20</i>
Place of Issuance <i>Saskatchewan</i>	Country of Issuance <i>Canada</i>	

Politically Exposed Person

To your knowledge are you a politically exposed person or related to or a close associate of a politically exposed person?

☐ Yes ☒ No

If the answer is "Yes", please complete Form 4193 and submit to AML Compliance as outlined in AML/ATF Manual 2.10 Politically Exposed Person.