

Know Your Customer

Please note that GardaWorld Cash needs to receive this form for each legal entity that is part of your organization and that has an active contract with us. This includes franchises, affiliates, subsidiaries, etc., but excludes locations, if they are not distinct legal entities.

*All fields identified by this symbol are mandatory

A - ADMINISTRATION

Personal details of the person completing the form

Date*	This is the date the form is being completed and sent (yyyy-mm-dd)
First Name*	
Last Name*	
Phone Number*	
Email*	

B - GARDAWORLD CASH REFERENCE NUMBER

Please insert Reference Number included in the communication you received from GardaWorld Cash*

C - BUSINESS INFORMATION

Legal Business Name*				
DBA Business Name <i>Doing Business As, if applicable</i>				
For commercial customers, provide financial institutions for cash orders <i>Please select all that apply.</i>	<input type="radio"/> Bank of Montreal	<input type="radio"/> National Bank of Canada		
	<input type="radio"/> Bank of Nova Scotia	<input type="radio"/> Royal Bank of Canada		
	<input type="radio"/> Canadian Imperial Bank of Commerce	<input type="radio"/> Toronto-Dominion Bank		
	<input type="radio"/> Desjardins Group	<input type="radio"/> Other		
	<input type="radio"/> Laurentian Bank	<i>Please specify:</i> <input type="text"/>		
For commercial customers, provide financial institutions for cash deposits <i>Please select all that apply.</i>	<input type="radio"/> Bank of Montreal	<input type="radio"/> National Bank of Canada		
	<input type="radio"/> Bank of Nova Scotia	<input type="radio"/> Royal Bank of Canada		
	<input type="radio"/> Canadian Imperial Bank of Commerce	<input type="radio"/> Toronto-Dominion Bank		
	<input type="radio"/> Desjardins Group	<input type="radio"/> Other		
	<input type="radio"/> Laurentian Bank	<i>Please specify:</i> <input type="text"/>		
GardaWorld Cash Account Number* <small>If applicable, give all numbers separated by a comma</small>				

C - BUSINESS INFORMATION

<p>Intended Use of the Account* Please select all applicable uses</p>	<input type="checkbox"/> Secured Transport <input type="checkbox"/> Cash Vault Services <input type="checkbox"/> ATM <input type="checkbox"/> Other <input type="text"/> <small>(Please specify the additional or the specific use of the account)</small>
<p>GardaWorld Cash Contracting Entity* Two distinct legal entities. Not just French/English equivalent. Please select all that apply.</p>	<input type="checkbox"/> Société en commandite Transport de valeurs Garda <input type="checkbox"/> Garda World Cash Services Canada Corporation <input type="checkbox"/> Other GardaWorld Cash contracting entity <input type="text"/> <small>(Please specify)</small> <p>For all entities, please provide a copy of your latest agreement/contract with GardaWorld Cash covering all the services provided. Please note that you may have multiple agreements with GardaWorld Cash, in which case, please provide the latest active copy of each.</p> <p>Number of agreements with GardaWorld Cash* <input type="text"/></p>
<p>Business Structure*</p>	<input type="checkbox"/> Publicly Traded Company <small>(Please provide additional details as required below and refer to Appendix 5)</small> Company Category <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Subsidiary of Corporation or Trust Net Assets Amount <small>(On your last audited balance sheet)</small> <input type="text"/> Stock Exchanges <input type="text"/> Countries of Operation <input type="text"/> <input type="checkbox"/> Privately Held Company <small>(Please provide additional details as required below)</small> Company Category <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Subsidiary of Corporation or Trust <input type="checkbox"/> Government Entity / Public Body** <small>** (Must correspond to definition in Appendix 1).</small> <input type="checkbox"/> Financial Entity <small>(Must correspond to definition in Appendix 2)</small> <input type="checkbox"/> Not-for-Profit Organization <input type="checkbox"/> Other <input type="text"/> <small>(Please specify)</small>

If the Business Structure selected in SECTION C is a Government Entity/Public Body or a Publicly Traded Company that meets all exemption criteria listed in Appendix 5, only Section D's "North American Industry Code (NAICS) field and Sections G, I and J must be filled.

ALL OTHER BUSINESS STRUCTURES MUST FILL OUT ALL SECTIONS IN THIS FORM.

D - BUSINESS DOCUMENTATION**Supporting Documentation***

(Provide selected documents as attachment)

While an entity can be a corporation, a trust, a partnership, a fund, or an unincorporated association or organization, corporations are subject to different requirements than other entities.

For a Corporation, please provide the following documents (1 & 2 required, 3 optional):

- Certificate of Incorporation
- Certificate of Incumbency, Articles of Incorporation, the Bylaws of the Corporation, or any other document that contains provisions relating to the power to bind the Corporation in respect to the transactions you conduct with us and that set out the officers duly authorized to sign on behalf of the Corporation, such as the president, treasurer, vice-president, comptroller, etc.
- Other – In that specific case, please provide the most recent version of any other record that confirms the Corporation's existence and contains its name and address and the names of its directors e.g. Certificate of active corporate status, the Corporation's published annual report signed by an audit firm, or a letter or notice of assessment for the corporation from a municipal, provincial, territorial or federal government.

(Please specify type of document provided)

For an entity (other than a corporation), please provide one of the following documents:

- Partnership Agreement
- Articles of Association
- If other documents, please provide the most recent version of any other record that confirms its existence and contains its name and address such as trust deed

(Please specify type of document provided)

- For all non-exempted entities, in addition to the requested documentation applicable to your specific case, please provide the documentation with information establishing the ownership, control and structure/layers of your company (i.e. organizational chart).

Document Date of Issue

Date when the document was issued
(yyyy-mm-dd)

Document Place of Issue*

Province/State where the document was issued (See [Appendix 3](#) for reference)

Document Country of Issue***Business Registration Number*****Business Incorporation Date***

Date when the entity got incorporated.
Should be the same as in the documents provided as part of attachments

**North American Industry Code*
(NAICS)**

Please provide the 4 to 6 digit code used when you registered your business, or the one(s) that represent best your business' activity(ies)

Please refer to the list of NAICS codes [HERE](#).

Principal business sector

Secondary business sector(s) (if applicable)

E - TRANSACTIONAL VOLUME

Expected Monthly Value of Transactions* Total value amount (in CAD\$) of transactions expected monthly	Secured Transportation Pick-Ups/ Cash Vault Processing Deposits CAD\$ <input type="text"/>	Secured Transportation Deliveries/ Cash Vault Processing Orders CAD\$ <input type="text"/>
Expected Monthly Volume of Transactions* Total number of transactions expected monthly	Secured Transportation Pick-Ups/ Cash Vault Processing Deposits <input type="text"/>	Secured Transportation Deliveries/ Cash Vault Processing Orders <input type="text"/>

F - PRIMARY BUSINESS CONTACT

Primary business contact for business relation with GardaWorld Cash.

Contact information may differ from those of the person included in Section A.

First Name*	<input type="text"/>
Last Name*	<input type="text"/>
Email*	<input type="text"/>
Phone Number*	<input type="text"/>

G - BUSINESS ADDRESS

Registered Building Number*	<input type="text"/>
Registered Street*	<input type="text"/>
Registered Suite Number*	<input type="text"/>
Registered City*	<input type="text"/>
Registered Province/State* Canada and USA only (See Appendix 3 for reference)	<input type="text"/>
Registered Postal Code/Zip Code*	<input type="text"/>
Registered Country* (See Appendix 4 for reference)	<input type="text"/>
Registered Business Phone Number*	<input type="text"/>
Registered Address, Effective Date* Date this address became effective for the business (yyyy-mm-dd)	<input type="text"/>
Correspondence Building Number*	<input type="text"/>
Correspondence Street*	<input type="text"/>
Correspondence Suite Number*	<input type="text"/>
Correspondence City*	<input type="text"/>
Correspondence Province/State* Canada and USA only (See Appendix 3 for reference)	<input type="text"/>
Correspondence Postal Code/Zip Code*	<input type="text"/>
Correspondence Country* (See Appendix 4 for reference)	<input type="text"/>
Correspondence Address Effective Date* Date this address became effective for the business (yyyy-mm-dd)	<input type="text"/>

For **Private Corporations (except Trusts) and entities other than Corporations**, go to section H1

For **Trusts**, go to section H2

H1 - PRIVATE CORPORATIONS

DIRECTOR INFORMATION

For Corporations, please provide a list of directors of your Corporation. Please ensure that all directors are contained here.

If there are more than 4 directors, please provide full list as an attachment when submitting the form.

	#1	#2	#3	#4
First Name*				
Last Name*				
Date of Birth* (yyyy-mm-dd)				
Gender You Identify As*	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Non-binary <input type="radio"/> Prefer not to say <input type="radio"/> Other (<i>Please specify</i>) <input type="text"/>	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Non-binary <input type="radio"/> Prefer not to say <input type="radio"/> Other (<i>Please specify</i>) <input type="text"/>	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Non-binary <input type="radio"/> Prefer not to say <input type="radio"/> Other (<i>Please specify</i>) <input type="text"/>	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Non-binary <input type="radio"/> Prefer not to say <input type="radio"/> Other (<i>Please specify</i>) <input type="text"/>
Position*				
Primary Residence Building Number*				
Primary Residence Street*				
Primary Residence Suite Number*				
Primary Residence City*				
Primary Residence Province/State* Canada and USA only (See Appendix 3 for reference)				
Primary Residence Postal Code/Zip Code*				
Primary Residence Country* (See Appendix 4 for reference)				

H1 - PRIVATE CORPORATIONS**OWNERSHIP INFORMATION**

For Corporations, please provide the list of all persons who directly or indirectly own or control 25% or more of the shares of the Corporation.

No individual owns more than 25%. No need to fill-out section below.

First Name*				
Last Name*				
Date of Birth* (yyyy-mm-dd)				
Gender You Identify As*	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Non-binary <input type="radio"/> Prefer not to say <input type="radio"/> Other (<i>Please specify</i>) <input type="text"/>	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Non-binary <input type="radio"/> Prefer not to say <input type="radio"/> Other (<i>Please specify</i>) <input type="text"/>	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Non-binary <input type="radio"/> Prefer not to say <input type="radio"/> Other (<i>Please specify</i>) <input type="text"/>	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Non-binary <input type="radio"/> Prefer not to say <input type="radio"/> Other (<i>Please specify</i>) <input type="text"/>
Primary Residence Building Number*				
Primary Residence Street*				
Primary Residence Suite Number*				
Primary Residence City*				
Primary Residence Province/State* Canada and USA only (See Appendix 3 for reference)				
Primary Residence Postal Code/Zip Code*				
Primary Country of Residence* (See Appendix 4 for reference)				
% Control*				
Occupation/Nature of Business				

H2 - TRUSTS

For Trusts, please provide the list of all trustees, all known beneficiaries, all known settlors of the Trust.

OWNERSHIP / CONTROL INFORMATION

For Trusts, please provide the list of all trustees, all known beneficiaries, all known settlors of the Trust.

If there are more than 4 trustees, known beneficiaries or known settlors, please provide full list as an attachment when submitting the form.

	#1	#2	#3	#4
First Name*				
Last Name*				
Date of Birth* (yyyy-mm-dd)				
Gender You Identify As*	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Non-binary <input type="radio"/> Prefer not to say <input type="radio"/> Other <i>(Please specify)</i> <input type="text"/>	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Non-binary <input type="radio"/> Prefer not to say <input type="radio"/> Other <i>(Please specify)</i> <input type="text"/>	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Non-binary <input type="radio"/> Prefer not to say <input type="radio"/> Other <i>(Please specify)</i> <input type="text"/>	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Non-binary <input type="radio"/> Prefer not to say <input type="radio"/> Other <i>(Please specify)</i> <input type="text"/>
Type* Trustee, Known beneficiary, Known settlor				
Street Number*				
Street*				
Suite Number*				
City*				
Province/State* Canada and USA only (See Appendix 3 for reference)				
Postal Code/Zip Code*				
Country* (See Appendix 4 for reference)				
% Control*				

I - THIRD PARTY*

A third party is a person or entity that instructs another person or entity to conduct a transaction or activity on their behalf. As such, the third party is the instructing party to the transaction or activity, and is also understood to be the "on behalf of" party.

Through your relationship with GardaWorld Cash, is GardaWorld picking-up or processing cash for another person or entity than yours (this includes subsidiary, affiliate or franchise entities)

- NO - No need to complete the rest of this section. Go to section J to sign form.
- YES - If you selected YES, please complete the fields below with this other person's or entity's information. Should you need to provide information for more than one entity, please provide full details as an attachment.

First Name or Business Name*	
Last Name* (If individual)	
Date of Birth* (yyyy-mm-dd) (If individual)	
Gender You Identify As* (If individual)	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Non-binary <input type="radio"/> Prefer not to say <input type="radio"/> Other <i>(Please specify)</i> <input type="text"/>
Address*	
Phone Number*	
Email*	
Occupation or Nature of Business*	
Registration or Incorporation Number* (If entity)	
Country where this number was issued*	
Relationship between your entity and this third party*	

J - ATTESTATION*

- I attest that all the answers, supporting information and documentation provided for the purpose of this questionnaire are, to the best of my knowledge, accurate and complete.

Name

Date

APPENDIX 1 - PUBLIC BODY

A Public Body is defined as:

- A department or an agent of His Majesty in Right of Canada or an agent or mandatary of His Majesty in Right of a province;
- An incorporated city or town, village, metropolitan authority, township, district, county, rural municipality or other incorporated municipal body in Canada or an agent or mandatary in Canada of any of them; and
- An organization that operates a public hospital and that is designated by the Minister of National Revenue as a hospital authority under the Excise Tax Act, or an agent or mandatary of such an organization.

APPENDIX 2 - FINANCIAL ENTITY

A Financial Entity is defined as:

- All Canadian banks, foreign banks in Canada, and full service and lending foreign bank branches in Canada. These entities are established under Canada's Bank Act and are regulated by the Office of the Superintendent of Financial Institutions (OSFI);
- Financial services cooperatives, savings and credit unions and caisses populaires that are regulated by a provincial act; as well as credit union centrals when they provide services to any person or entity that is not a member;
- Trust companies and loan companies that are regulated under the federal Trust and Loan Companies Act, or that are regulated by a provincial act that is equivalent to the Trust and Loan Companies Act;
- Unregulated trust companies;
- Departments, agents and mandataries of the Crown that accept deposit liabilities when providing financial services to the public. Deposit liabilities are amounts that are left with the agent or mandatary of the Crown, but that the agent or mandatary of the Crown owes to the person or entity that left the funds;
- Life insurance companies, or entities that are life insurance brokers or agents, in respect of loans or prepaid payment products that they offer to the public and accounts that they maintain with respect to those loans or prepaid payment products, other than:
 - loans that are made by the insurer to a policy holder if the insured person has a terminal illness that significantly reduces their life expectancy and the loan is secured by the value of an insurance policy;
 - loans that are made by the insurer to the policy holder for the sole purpose of funding the life insurance policy; and
 - advance payments to which the policy holder is entitled that are made to them by the insurer.

APPENDIX 3 - ISO CODES FOR PROVINCES AND STATES

CANADA

AB	Alberta
BC	British Columbia
MB	Manitoba
NB	New Brunswick
NL	Newfoundland and Labrador
NT	Northwest Territories
NS	Nova Scotia
NU	Nunavut
ON	Ontario
PE	Prince Edward Island
QC	Quebec
SK	Saskatchewan
YT	Yukon

USA

AL	Alabama
AK	Alaska
AZ	Arizona
AR	Arkansas
CA	California
CO	Colorado
CT	Connecticut
DE	Delaware
DC	District of Columbia
FL	Florida
GA	Georgia
HI	Hawaii
ID	Idaho
IL	Illinois
IN	Indiana
IA	Iowa
KS	Kansas
KY	Kentucky
LA	Louisiana
ME	Maine
MD	Maryland
MA	Massachusetts
MI	Michigan
MN	Minnesota
MS	Mississippi
MO	Missouri
MT	Montana
NE	Nebraska
NV	Nevada
NH	New Hampshire
NJ	New Jersey
NM	New Mexico
NY	New York
NC	North Carolina
ND	North Dakota
MP	Northern Mariana Islands
OH	Ohio
OK	Oklahoma
OR	Oregon
PA	Pennsylvania
RI	Rhode Island
SC	South Carolina
SD	South Dakota
TN	Tennessee
TX	Texas
UT	Utah
VT	Vermont
VA	Virginia
WA	Washington
WV	West Virginia
WI	Wisconsin
WY	Wyoming

APPENDIX 4 - ISO CODES FOR COUNTRIES

CA	Canada	DK	Denmark	LV	Latvia	KN	Saint Kitts and Nevis
US	United States of America	DJ	Djibouti	LB	Lebanon	LC	Saint Lucia
MX	Mexico	DM	Dominica	LS	Lesotho	MF	Saint Martin (French part)
AF	Afghanistan	DO	Dominican Republic (the)	LR	Liberia	PM	Saint Pierre and Miquelon
AX	Åland Islands	EC	Ecuador	LY	Libya	VC	Saint Vincent and the Grenadines
AL	Albania	EG	Egypt	LI	Liechtenstein	WS	Samoa
DZ	Algeria	SV	El Salvador	LT	Lithuania	SM	San Marino
AS	American Samoa	GQ	Equatorial Guinea	LU	Luxembourg	ST	Sao Tome and Principe
AD	Andorra	ER	Eritrea	MO	Macao	SA	Saudi Arabia
AO	Angola	EE	Estonia	MK	Macedonia (the former Yugoslav Republic of)	SN	Senegal
AI	Anguilla	ET	Ethiopia	MG	Madagascar	RS	Serbia
AQ	Antarctica	FK	Falkland Islands (the) [Malvinas]	MW	Malawi	SC	Seychelles
AG	Antigua and Barbuda	FO	Faroe Islands (the)	MY	Malaysia	SL	Sierra Leone
AR	Argentina	FJ	Fiji	MV	Maldives	SG	Singapore
AM	Armenia	FI	Finland	ML	Mali	SX	Sint Maarten (Dutch part)
AW	Aruba	FR	France	MT	Malta	SK	Slovakia
AU	Australia	GF	French Guiana	MH	Marshall Islands (the)	SI	Slovenia
AT	Austria	PF	French Polynesia	MQ	Martinique	SB	Solomon Islands
AZ	Azerbaijan	TF	French Southern Territories (the)	MR	Mauritania	SO	Somalia
BS	Bahamas (the)	GA	Gabon	MU	Mauritius	ZA	South Africa
BH	Bahrain	GM	Gambia (the)	YT	Mayotte	GS	South Georgia and the South Sandwich Islands
BD	Bangladesh	GE	Georgia	FM	Micronesia (Federated States of)	SS	South Sudan
BB	Barbados	DE	Germany	MD	Moldova (the Republic of)	ES	Spain
BY	Belarus	GH	Ghana	MC	Monaco	LK	Sri Lanka
BE	Belgium	GI	Gibraltar	MN	Mongolia	SD	Sudan (the)
BZ	Belize	GR	Greece	ME	Montenegro	SR	Suriname
BJ	Benin	GL	Greenland	MS	Montserrat	SJ	Svalbard and Jan Mayen
BM	Bermuda	GD	Grenada	MA	Morocco	SZ	Swaziland
BT	Bhutan	GP	Guadeloupe	MZ	Mozambique	SE	Sweden
BO	Bolivia (Plurinational State of)	GU	Guam	MM	Myanmar	CH	Switzerland
BQ	Bonaire, Sint Eustatius and Saba	GT	Guatemala	NA	Namibia	SY	Syrian Arab Republic
BA	Bosnia and Herzegovina	GG	Guernsey	NR	Nauru	TW	Taiwan (Province of China)
BW	Botswana	GN	Guinea	NP	Nepal	TJ	Tajikistan
BV	Bouvet Island	GW	Guinea-Bissau	NL	Netherlands (the)	TZ	Tanzania, United Republic of
BR	Brazil	GY	Guyana	NC	New Caledonia	TH	Thailand
IO	British Indian Ocean Territory (the)	HT	Haiti	NZ	New Zealand	TL	Timor-Leste
BN	Brunei Darussalam	HM	Heard Island and McDonald Islands	NI	Nicaragua	TG	Togo
BG	Bulgaria	VA	Holy See (the)	NE	Niger (the)	TK	Tokelau
BF	Burkina Faso	HN	Honduras	NG	Nigeria	TO	Tonga
BI	Burundi	HK	Hong Kong	NU	Niue	TT	Trinidad and Tobago
CV	Cabo Verde	HU	Hungary	NF	Norfolk Island	TN	Tunisia
KH	Cambodia	IS	Iceland	MP	Northern Mariana Islands (the)	TR	Turkey
CM	Cameroon	IN	India	NO	Norway	TM	Turkmenistan
KY	Cayman Islands (the)	ID	Indonesia	OM	Oman	TC	Turks and Caicos Islands (the)
CF	Central African Republic (the)	IR	Iran (Islamic Republic of)	PK	Pakistan	TV	Tuvalu
TD	Chad	IQ	Iraq	PW	Palau	UG	Uganda
CL	Chile	IE	Ireland	PS	Palestine, State of	UA	Ukraine
CN	China	IM	Isle of Man	PA	Panama	AE	United Arab Emirates (the)
CX	Christmas Island	IL	Israel	PG	Papua New Guinea	GB	United Kingdom of Great Britain and Northern Ireland (the)
CC	Cocos (Keeling) Islands (the)	IT	Italy	PY	Paraguay	UM	United States Minor Outlying Islands (the)
CO	Colombia	JM	Jamaica	PE	Peru	UY	Uruguay
KM	Comoros (the)	JP	Japan	PH	Philippines (the)	UZ	Uzbekistan
CD	Congo (the Democratic Republic of the)	JE	Jersey	PN	Pitcairn	VU	Vanuatu
CG	Congo (the)	JO	Jordan	PL	Poland	VE	Venezuela (Bolivarian Republic of)
CK	Cook Islands (the)	KZ	Kazakhstan	PT	Portugal	VN	Viet Nam
CR	Costa Rica	KE	Kenya	PR	Puerto Rico	VG	Virgin Islands (British)
CI	Côte d'Ivoire	KI	Kiribati	QA	Qatar	VI	Virgin Islands (U.S.)
HR	Croatia	KP	Korea (the Democratic People's Republic of)	RE	Réunion	WF	Wallis and Futuna
CU	Cuba	KR	Korea (the Republic of)	RO	Romania	EH	Western Sahara*
CW	Curaçao	KW	Kuwait	RU	Russian Federation (the)	YE	Yemen
CY	Cyprus	KG	Kyrgyzstan	RW	Rwanda	ZM	Zambia
CZ	Czechia	LA	Lao People's Democratic Republic (the)	BL	Saint Barthélemy	ZW	Zimbabwe
				SH	Saint Helena, Ascension and Tristan da Cunha		

APPENDIX 5 - PUBLICLY TRADED COMPANIES

A publicly traded company (corporation or trust) may be exempted from Know Your Customer obligations if it meets all the following criteria:

- its net assets, on its last audited balance sheet, is at 75,000,000\$ (CAD) or more;
- its shares or units are traded on a Canadian stock exchange or a stock exchange designated under subsection 262(1) of the Income Tax Act (the designated stock exchange list is available on this page: <https://www.canada.ca/en/department-finance/services/designated-stock-exchanges.html>);
- it operates in a country that is a member of the Financial Action Task Force (the member countries list is available on this page: <https://www.fatf-gafi.org/fr/countries/fatf.html>).

The subsidiary of a corporation or a trust meeting all the criteria mentioned above, when its financial statements are consolidated with the financial statements of this corporation or trust, may also be exempted from Know Your Customer obligations.

Any publicly traded company who does not meet all of these criteria must provide all Know Your Customer information, as requested in this form.