



Signatory Details			
<b>1 Mr. / Mrs. / Ms. / Miss</b>			
[ ]			
First Name(s) in full			
[ ]			
Last Name in full			
<b>Residential Address</b>			
[ ]			
Unit / Street Number and Name			
[ ]		[ ] [ ] [ ]	
City		Province	
[ ] [ ] [ ] [ ]	[ ]		
Postal code	Country ( if outside Canada )		
<b>Contact Details</b>			
Home	[ ]	Business	[ ]
Fax	[ ]	Mobile	[ ]
Email	[ ]		
<b>Date of Birth</b>	[ ]		
<b>Other Names used</b> (if appl.)	[ ]		
<b>Occupation</b>	[ ]		
<b>Employer</b>	[ ]		
<b>S.I.N</b>	[ ]		

Signatory Details			
<b>2 Mr. / Mrs. / Ms. / Miss</b>			
[ ]			
First Name(s) in full			
[ ]			
Last Name in full			
<b>Residential Address</b>			
[ ]			
Unit / Street Number and Name			
[ ]		[ ] [ ] [ ]	
City		Province	
[ ] [ ] [ ] [ ]	[ ]		
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<b>Other Names used</b> (if appl.)	[ ]		
<b>Occupation</b>	[ ]		
<b>Employer</b>	[ ]		
<b>S.I.N</b>	[ ]		

### Signatures

By a legally constituted meeting of the company, authority was given to the person(s) named to act in accordance with terms of this authority.

Date    /    /
.....
1. Signature
.....
Name and Title

Date    /    /
.....
2. Signature
.....
Name and Title

### Method of Account Operation *(tick applicable)*

- Any one to operate severally   
  Both to operate jointly   
  Any   
  of   
  must authorise jointly

I / We undertake to settle all deals within 2 business days from the date of transaction or any other date that may be agreed upon. Transactions done via the telephone are considered as binding and good. All telephone conversations are recorded. In the event that I / We fails to settle by the stipulated date, I / We shall pay KVB Kunlun Canada Inc. any claims that KVB Kunlun may have. The amount of the claim shall be at the sole discretion of KVB Kunlun Canada Inc..

### Signed for and on behalf of the Applicant

\_\_\_\_\_

**Name** ..... **Position** ..... **Date** .....

<b>KVB Use only</b> <input type="checkbox"/> Copy of Certificate of Registration/Incorporation on file <input type="checkbox"/> Customer ID copied and retained <input type="checkbox"/> Verification of all related entities <input type="checkbox"/> New account number recorded on application	Account opened by .....  Checked by .....  Date    /    /
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