

**CORPORATE APPLICATION****FAX TO : (416) 642 0123***All sections must be completed in full. Thank you for your cooperation.***TRADER : \_\_\_\_\_****Part I – GENERAL INFORMATION**

Corporate Name: \_\_\_\_\_

Trade Name: \_\_\_\_\_

Tax ID: \_\_\_\_\_ Date of Incorporation: \_\_\_\_\_

Where Incorporated: Country \_\_\_\_\_ Province: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Province: \_\_\_\_\_ Country: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_ Fax: ( \_\_\_\_\_ ) \_\_\_\_\_

E-mail: \_\_\_\_\_ Corporate Web Site: \_\_\_\_\_

Type of Business: (be specific) \_\_\_\_\_

Annual Volume of Currency Trading: \_\_\_\_\_ Currencies Traded: \_\_\_\_\_

How did you hear about Cambridge?  Internet  Referral by: \_\_\_\_\_  Other: \_\_\_\_\_**Part II – CORPORATE INFORMATION**

Full Names of All Current Directors and their Date of Birth\*\*: \_\_\_\_\_

\_\_\_\_\_

Officers: President \_\_\_\_\_ Vice President \_\_\_\_\_

\*\* We are required by law to collect the above information. Under standard corporation law, all corporations must have at least one Director; the directors appoint the officers and are ultimately responsible for management of the affairs of the corporation.

**Part III – ACCOUNT OPERATION**

Account Opening: The Corporation authorizes the opening of an account with Cambridge Mercantile Corp. for foreign currency exchange and/or global payment services.

Authorized Transaction Representatives: The following persons (name and title) are authorized to book deals with, negotiate and conclude the terms of such deals, and to instruct CM to transact foreign exchange or global payments transactions for the Corporation as to its account with CM: (We are required by law to collect the following information).

Primary Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address \_\_\_\_\_ E-mail: \_\_\_\_\_

Secondary Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address \_\_\_\_\_ E-mail: \_\_\_\_\_

Order Process: The corporation, by its signature of this Agreement, authorizes Cambridge to accept and rely on all orders and instructions, whether oral or written, from anyone that Cambridge reasonably believes to be Client's authorized representative, and agrees that Contracts will be entered into through binding oral agreements concluded over the telephone by their authorized representatives. *The contract for each transaction arises upon the original verbal request/order, and acceptance/booking ("Deal Date"); return of the signed Deal Confirmation form merely represents written confirmation of the contract already made.*

**Part IV – PRIMARY BANKING INFORMATION**

Name of Bank: \_\_\_\_\_  
Address of Business Branch: \_\_\_\_\_  
City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Telephone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_  
Account Number: \_\_\_\_\_ Name of Account Manager: \_\_\_\_\_

**Part V – BUSINESS REFERENCES**

1. Company Name: \_\_\_\_\_ Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Telephone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ Years Doing Business Together: \_\_\_\_\_  
Type of Business: \_\_\_\_\_

2. Company Name: \_\_\_\_\_ Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Telephone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ Years Doing Business Together: \_\_\_\_\_  
Type of Business: \_\_\_\_\_

**Part VI – AML COMPLIANCE - PRIVACY**

As a currency exchange and money services business, Cambridge Mercantile is required by law to have on file your Articles/Certificate of Incorporation, and a list of names of all of the directors. We also require your president's authorization of your staff to transact business with us; fill out Part VII below.

Privacy: We obtain such information only to carry out our services and for compliance reasons. We do not normally provide this information to unaffiliated third parties. See our Privacy Notice at [www.cambridgefx.com](http://www.cambridgefx.com).

**Part VII – AUTHORIZATIONS AND CERTIFICATIONS**

The corporation hereby authorizes any of those individuals/companies listed in Part III and/or Part IV to provide Cambridge Mercantile Corporation, or its representatives, with information necessary to assist us in our dealings with Cambridge.

The corporation certifies that it is acting, as principal, for and on its own behalf and not on behalf of any third party.

The corporation certifies that the information set out in this application is correct and complete.

Corporate Name: \_\_\_\_\_ Date: \_\_\_\_\_

President's Name (print): \_\_\_\_\_ Signature: \_\_\_\_\_

Chairman's Name (print): \_\_\_\_\_ Signature: \_\_\_\_\_