



加聯銀業
www.kingmark.ca

KINGMARK (CANADA) CURRENCY EXCHANGE INC.
YOUR TRUSTED FX SERVICE SINCE 1993

Burnaby Crystal Mall | **Richmond** Yaohan Centre | **Vancouver** Broadway & Ash
(604)438-9990 | (604)273-8100 | (604)336-1466

Application for FX Trading Account/Service Agreement

Company Name: _____

Company Information

DBA Name (if different): _____

Are you a: Corporation / Partnership / Sole Proprietorship or Other: _____

Business Type: _____ Corporate Website: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: _____ Fax: _____ Email: _____

Years in Business: _____ Incorp. Number: _____ Business Number: _____

Date of Incorporation: _____ Place of Incorporation: _____

Avg foreign exchange volume in CAD: _____ Frequency: _____

Currencies traded: _____ FINTRAC MSB Number (if applicable): _____

Please attach a copy of the certificate of incorporation to this application.

I. Please list the person(s) who will conduct business with Kingmark

Last Name: _____ First Name: _____ Date of Birth: _____

Occupation: _____ Industry: _____

Address: _____ City: _____ Province: _____

Postal Code: _____ Telephone: _____ Email: _____

ID Type: _____ ID Number: _____ Jurisdiction: _____

Signature: _____ Date: _____

*Please include one piece of government issued photo ID with this application.



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Company Name: _____

I. Please list the person(s) who will conduct business with Kingmark (continued)

Last Name: _____ First Name: _____ Date of Birth: _____
Occupation: _____ Industry: _____
Address: _____ City: _____ Province: _____
Postal Code: _____ Telephone: _____ Email: _____
ID Type: _____ ID Number: _____ Jurisdiction: _____

Signature: _____ Date: _____

*Please include one piece of government issued photo ID with this application.

Last Name: _____ First Name: _____ Date of Birth: _____
Occupation: _____ Industry: _____
Address: _____ City: _____ Province: _____
Postal Code: _____ Telephone: _____ Email: _____
ID Type: _____ ID Number: _____ Jurisdiction: _____

Signature: _____ Date: _____

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Last Name: _____ First Name: _____ Date of Birth: _____
Occupation: _____ Industry: _____
Address: _____ City: _____ Province: _____
Postal Code: _____ Telephone: _____ Email: _____
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Company Name: _____

2. Primary Banking Information

Name of bank: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Branch Number: _____ Account number: _____

Account Manager: _____

Telephone: _____ Email: _____

3. Director Information

I/We verify that the information on this form is true and authorize Kingmark (Canada) Currency Exchange Inc. to conduct a credit check as necessary.

Director's Name: _____ Date of Birth: _____

Occupation: _____ Industry: _____

Address: _____ City: _____ Province: _____

Postal Code: _____ Telephone: _____ Email: _____

ID Type: _____ ID Number: _____ Jurisdiction: _____

Signature: _____ Date: _____

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Director's Name: _____ Date of Birth: _____

Occupation: _____ Industry: _____

Address: _____ City: _____ Province: _____

Postal Code: _____ Telephone: _____ Email: _____

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3. Director Information (Continued)

Director's Name: _____ Date of Birth: _____

Occupation: _____ Industry: _____

Address: _____ City: _____ Province: _____

Postal Code: _____ Telephone: _____ Email: _____

ID Type: _____ ID Number: _____ Jurisdiction: _____

Signature: _____ Date: _____

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Director's Name: _____ Date of Birth: _____

Occupation: _____ Industry: _____

Address: _____ City: _____ Province: _____

Postal Code: _____ Telephone: _____ Email: _____

ID Type: _____ ID Number: _____ Jurisdiction: _____

Signature: _____ Date: _____

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Director's Name: _____ Date of Birth: _____

Occupation: _____ Industry: _____

Address: _____ City: _____ Province: _____

Postal Code: _____ Telephone: _____ Email: _____

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