



Client Information:

****PLEASE FILL ALL SECTIONS****

Type of Entity: Corporation Partnership Sole Proprietorship Non-Profit

Legal Name:		Corporation or Licence No.
Trade Name(s) or DBA if any:		Nature of Business:
Address:		City:
Province/State:	Postal/Zip Code:	Country:
Telephone No.	Fax No.	Email:
Reason for Transactions:	Expected Annual Trade Volume:	Countries <input type="checkbox"/> Sending to <input type="checkbox"/> Receiving from

Beneficial Ownership: List ALL person(s)/entities who own 25% or more of the business. IF NONE, list the largest two shareholders. (Please use separate sheet if required)

Name:		Occupation:		
Home Address:	Telephone No.	Date of Birth:	% Ownership:	Authorized to deal: <input type="checkbox"/> Yes <input type="checkbox"/> No

Name:		Occupation:		
Home Address:	Telephone No.	Date of Birth:	% Ownership:	Authorized to deal: <input type="checkbox"/> Yes <input type="checkbox"/> No

Directors: List ALL directors of the corporation. (Please use separate sheet if required)

Name:	Occupation:	Address:
Name:	Occupation:	Address:

Individuals Authorized to Deal on Behalf of the Business: Please submit a valid ID for each. (Please use separate sheet if required)

Name & Address:	Title:	Specimen Signature:
Name & Address:	Title:	Specimen Signature:

Banking Information:

Bank Name:	Bank Account No.
Bank Address:	
SWIFT, ABA, IBAN, or Sort Code:	Bank Contact Name & Tel. No.

ALL APPLICATIONS MUST BE ACCOMPANIED (WHERE APPLICABLE) BY (1) ARTICLES OF INCORPORATION, ARTICLES OF AMENDMENT, AND/OR MASTER BUSINESS LICENCE (2) VALID ID FOR ALL SIGNING MEMBERS (3) VOID CHEQUE OR BANK STATEMENT FOR THE COMPANY'S ACCOUNT (4) ANY OTHER DOCUMENTS AS REQUESTED

All personal information gathered by Bendix will be kept confidential and shall not be disclosed unless required by law. Bendix may buy or sell foreign funds as well as provide payment instructions on behalf of the Client based on verbal, fax, email, or any other agreeable means of instructions by which trades are communicated. Payment is due from the Client immediately upon booking, unless otherwise agreed. Bendix will only pay upon its receipt of verified payment. The Client hereby authorizes any of the indicated individuals to provide Bendix or its representatives with information necessary to conduct transactions. The Client certifies that the information contained in this application is correct and agrees to the terms of this agreement. The Client consents to be contacted by telephone and/or email by Bendix or its representatives.

Name of Legal Representative or Owner:	Date:	Signature:
Name of Legal Representative or Owner:	Date:	Signature: