



INDIVIDUAL ACCOUNT APPLICATION

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FOR OFFICE USE ONLY

Client Information

First Name:		Middle Name:	Last Name:	
Date of Birth: (dd/mm/yy)	Citizenship:	Gender: <input type="checkbox"/> Unspecified <input type="checkbox"/> M <input type="checkbox"/> F	Driver's Licence or Passport No.	
Address:			City:	
Province/State:	Postal/Zip Code:		Country:	
Home Phone No.	Daytime Contact No.	Email:		

Employment Details

<input type="checkbox"/> Employed	Current Employer:	Occupation:		
	Business Address:	Business Phone No.	Yrs. With Employer	
<input type="checkbox"/> Self Employed	Name of Business:	Occupation:		
	Business Address:	Business Phone No.	Yrs. In Business	
<input type="checkbox"/> Retired /Unemployed	Past Occupation:			

Banking Information:

Bank Name:	Bank Address:
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If Bendix will be sending you a wire, please provide the following:

Account Number:	SWIFT, ABA, IBAN, or Sort Code
Account Holder's Name:	Bank Contact Name & Tel. No.

Transaction Information:

Purpose of Transaction:	Countries <input type="checkbox"/> Sending To <input type="checkbox"/> Receiving From	Expected Annual Trading Volume:
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ALL INDIVIDUAL APPLICATIONS MUST BE ACCOMPANIED BY A VALID PIECE OF PHOTO IDENTIFICATION. ANY APPLICANT WHO WILL BE DOING TRANSACTIONS (AS EITHER SENDER OR RECIPIENT) OF \$100,000 OR MORE IS REQUIRED TO COMPLETE A POLITICALLY EXPOSED PERSON (PEFP) FORM. APPLICANTS WHO ARE NOT SUBMITTING THEIR APPLICATIONS FACE-TO-FACE MUST ALSO SUBMIT: (1) A NOTARIZED COPY OF THEIR DRIVER'S LICENCE OR PASSPORT AND (2) AN ORIGINAL BANK STATEMENT. BENDIX MAY REQUEST FURTHER DOCUMENTATION AS DEEMED NECESSARY. PERSONAL INFORMATION GATHERED BY BENDIX WILL BE KEPT CONFIDENTIAL AND SHALL NOT BE DISCLOSED UNLESS REQUIRED BY LAW.

Customer Declaration

I hereby represent that the above information is true and correct. I further declare that this account and the transaction(s) under this account is/are solely on my behalf and not for a third-party. I represent that I will notify Bendix Foreign Exchange of any material changes in writing.

Print Name:	Date:	Signature:
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