



Third Party Determination Statement

* Required Information

Account Holder Information

* Name

* First Name

Middle Initial

* Last Name

* Name of Organization
(if business entity)

* Name

Third Party's Personal Information

* Name

* First Name

Middle Initial

* Last Name

* Date Of Birth

MM DD YYYY

* Name of Organization
(if business entity)

* Name

Address Information

*** Home Address (or address if business entity)**

*** No. and Street**

P.O. Boxes, General Delivery or c/o addresses are not accepted

Apt./Ste.

*** City**

*** Province**

*** Postal Code**

(A1A 1A1)

Phone Number

()

(416)

(555)

-

(5555)

Extension

(1234)

If third party is a corporation include Incorporation Number and place of issue

Incorporation Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Employment Information

*** Employment Details**

*** Occupation**

*** Type of Business**

*** Third Party relationship to account holder**

*** Relationship**

ACKNOWLEDGEMENT

* By selecting this box, I (Account Holder) hereby declare that the information given on this form is true, correct and complete in every respect. If at any time the information contained on this form is no longer complete and accurate, I will advise RBC Direct Investing Inc. immediately in writing.

Client Signature

X

Date

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