



POLITICALLY EXPOSED FOREIGN PERSON (PEFP) FORM

RDBA Broker Code RDBA Rep Code

This form is to be completed by the accountholder(s) and deposit broker representative to disclose PEPF Information.

CLIENT NUMBER

Accountholder(s) Information

Registration Type		<input type="text"/>
1. Full Legal Name	<input type="text"/>	2. Full Legal Name
3. Full Legal Name	<input type="text"/>	4. Full Legal Name
Address		
<input type="text"/>		

Politically Exposed Foreign Person Information

No. of Additional PEPF forms attached:

Has the accountholder(s) or any close relative of either person ever held a senior position in government, political party, military, tribunal or government-owned corporation of a foreign country? (i.e. is politically exposed)

Yes No If "yes", complete the information below

Which accountholder is politically exposed? Accountholder 1 Accountholder 2 Accountholder 3 Accountholder 4

Name of the person who holds or held a foreign political office? (first, middle initial, last)

Country where the position is/was held

Time Period the position was held (Start Year - End Year)

What position is/was held by the person who is/was politically exposed in a foreign country?

- | | |
|--|---|
| <input type="radio"/> Head of state or head of government | <input type="radio"/> President of a state-owned company or bank |
| <input type="radio"/> Member of the executive council of government or member of a legislature | <input type="radio"/> Head of a government agency |
| <input type="radio"/> Deputy minister (or equivalent) | <input type="radio"/> Leader or president of a political party in a legislature |
| <input type="radio"/> Ambassador or ambassador's attaché or councilor | <input type="radio"/> Judge |
| <input type="radio"/> Military general (or higher rank) | |

Title of position held

What is the relationship of the person named above to the accountholder(s)?

- | | | |
|--|--|---|
| <input type="radio"/> Self | <input type="radio"/> Child | <input type="radio"/> Brother, sister, half-brother/sister |
| <input type="radio"/> Spouse or common-law partner | <input type="radio"/> Mother or Father | <input type="radio"/> Spouse's or common-law partner's parent |

Accountholder(s) Acknowledgement: By signing below, you confirm the information provided is complete, accurate and will be updated in the future if information changes.

Name: _____

Date: _____

Representative Acknowledgement:

By signing below you confirm the existence of a politically exposed person(s) as documented in the PEPF section above.

_____ Deposit Broker Name	_____ Representative Name	_____ Signature	_____ Date
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