

1. Information About The Business Or Legal Entity

NEW **EXISTING** (Fill out only applicable sections)

Customer Number _____ **Date** _____

2. Applicant

Full legal name of legal entity: _____

Trading name(s) (if different from legal name): _____

Permanent Address P.O Boxes are Prohibited _____ Country _____

Previous Address _____ Country _____

Mailing/Registered address if different from physical address (include zip code if applicable) _____ Country _____

Telephone Number _____ Facsimile Number _____ Business Tax ID _____

Website Address _____ Email Address of Entity _____

Entity Registration Number _____ Date entity was registered _____ Number of Employees _____

Name of primary bank account for Entity _____ Branch Transit Location _____ Account Number _____

Is this entity a deemed insider of any public company?
 No Yes, enter the company name here _____

Is this entity in a control position of any public companies?
 No Yes, enter the company names here _____

Provide a brief description of your business or legal entity: _____

Provide a brief description of your products &/or services _____

Country(ies) where Customers are Located _____

Country(ies) where Suppliers are Located _____

Country(ies) where Operations are Located _____

Year of Incorporation (Corporations only): _____ Shareholder's Equity : _____ Annual Gross Sales or Income from all sources _____

Estimated Net Assets of Entity

\$ _____ \$ _____ \$ _____

A. Net Liquid Assets (Cash and Securities less liabilities due under 1 yr) B. Net Fixed Assets (Fixed less liabilities due over 1 yr.) = Total Net Assets (A + B)

INVESTMENT PRODUCTS & SERVICES

Unit Trust Equities Bonds Mutual Funds Other: _____

Wealth Account No.	Currency	Expected Activity (12mths) Additions (\$)	Source of ongoing funding
_____	_____	_____	_____

Source of account initial funding: _____ \$ _____ Amount

Will you be sending or receiving wires on this account? Yes No, If yes please complete the Wire Payment Profile form

2. TYPE OF ENTITY AND STRUCTURE - What is your business structure AND provide certified true copies of the documents as indicated in Appendix

- Sole Proprietorship
- Partnership General or Limited
- Corporation
- Not for Profit Corporation/Incorporated Charitable Organization AND if Charity
- Association/Club (Unincorporated) AND if Charity
- Estate
- Written Trust
- Foundation
- Other: _____

3. Third Party Determination

Will this account be used to conduct business on behalf of someone or another LEGAL ENTITY other than the named LEGAL ENTITY?

- No Yes, provide details in section 7 "Associated Party".

4. Your investment Risk Tolerance for the account(s) you wish to open with us

In this section, we are asking you to identify your willingness and ability to assume risk

How would you react if there was a change in the financial markets which resulted in a decline in the short term (i.e. within 1 year)?

- Very Low** – I would not be able to tolerate any losses in my portfolio
- Low** – I would be able to tolerate minimal fluctuation, for example 5% - %10
- Medium** – I would be able to tolerate moderate fluctuation, for example 10% - 25%
- High** – I would be able to tolerate extreme fluctuation, for example 25% and over

5. Your Investment Objectives for the Account(s) you wish to open with us

In this section, we are asking you to identify the investment objectives for the account(s) being opened

What best describes your general approach to investments?

- My main desire is to protect my principal
- My main desire is to earn a modest income while protecting my principal
- My main desire is to grow my principal in the medium to long term
- My main desire is to grow my principal in the long term

6. Your Financial Goals and Time Horizon for the Account(s) you wish to open with us

You may have one or more financial goals that you are trying to achieve through investing.

Potential Financial Goals	Do You Need An Account For that Goal?	Time Horizon when you expect to need the funds for that purpose			
		Less Than 2 Yrs	2-5Yrs	5-10Yrs	Greater Than 10 Yrs
Liquidity Management	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any Other Special Purpose Specify: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Associated Party (one per Associated Party)

Owner/Shareholder & Ownership % _____ Signing Officer Director Officer PEP Contact

Personal Name _____		Occupation _____
Home Address (P.O boxes are prohibited) _____		Country of Residence _____
Previous Addresses In The Last 3 Years (Cayman Mutual Fund Clients Only) _____		Country _____
Date of Birth. _____	Country of Birth _____	Country of Citizenship _____
Name of Employer _____	Current Occupation _____	Employer's Address _____
Nature of Business _____	How Long _____	Tax Payer ID _____
Home Telephone Number _____	Cellular Telephone Number _____	Business Telephone Number _____
Primary ID Type _____	ID Number _____	Place / Country Of ID Issuance _____
Personal ID Type _____	ID Number _____	Place / Country Of ID Issuance _____

Scotiabank Personal Customer

No Yes, only 1 primary piece of ID is required, provide Scotiabank location: _____

Insider Information: Are you as an authorized person or your spouse, a deemed insider of any public companies?

No Yes, enter the company names here _____

Control Position: Are you as an authorized person or your spouse, singularly or as part of a group in a control position of any public companies?

No Yes, enter company name(s) here _____

Are you as an authorized person or your spouse, a Director, Employee, Partner or Officer of a Member of any stock exchange or of the stock exchange itself?

No Yes, enter company name(s) here _____

PEP = POLITICALLY EXPOSED PERSONS: Are you or any of the account holders, or your (or their) immediate family members (parents, siblings, children-including step and/or adopted children half-sister/brother, spouse/common-law partner and/or in-laws), a current or former senior official in the executive, legislative, administrative, military or judiciary branch of the local or a foreign government or the Leader of a local or a foreign political party represented in the legislature, an Ambassador or Attaché, or a member of a ruling royal families or a senior executive of an enterprise owned or controlled by the local or a foreign government or Head of an international organization established by government of states, or the Head of an institution of any such organization or do you maintain a close association with any such official, either for personal or business reasons?

No Yes, please provide details: _____

Owner/Shareholder & Ownership % _____ Signing Officer Director Officer PEP Contact

Personal Name _____		Occupation _____
Home Address P.O boxes are prohibited _____		Country of Residence _____
Previous Addresses In The Last 3 Years (Cayman Mutual Fund Clients Only) _____		Country _____
Date of Birth. _____	Country of Birth _____	Country of Citizenship _____
Name of Employer _____	Current Occupation _____	Employer's Address _____
Nature of Business _____	How Long _____	Tax Payer ID _____
Home Telephone Number _____	Cellular Telephone Number _____	Business Telephone Number _____
Primary ID Type _____	ID Number _____	Place / Country Of ID Issuance _____
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No Yes, enter company name(s) here _____

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No Yes, please provide details: _____

Owner/Shareholder & Ownership % _____ **Signing Officer** **Director** **Officer** **PEP** **Contact**

Personal Name _____ Occupation _____

Home Address P.O boxes are prohibited _____ Country of Residence _____

Previous Addresses In The Last 3 Years (Cayman Mutual Fund Clients Only) _____ Country _____

Date of Birth. _____ Country of Birth _____ Country of Citizenship _____

Name of Employer _____ Current Occupation _____ Employer's Address _____

Nature of Business _____ How Long _____ Tax Payer ID _____

Home Telephone Number _____ Cellular Telephone Number _____ Business Telephone Number _____

Primary ID Type _____ ID Number _____ Place / Country Of ID Issuance _____

Personal ID Type _____ ID Number _____ Place / Country Of ID Issuance _____

Scotiabank Personal Customer

No Yes, only 1 primary piece of ID is required, provide Scotiabank location: _____

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Control Position: Are you as an authorized person or your spouse, singularly or as part of a group in a control position of any public companies?
 No Yes, enter company name(s) here _____

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No Yes, enter company name(s) here _____

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No Yes, please provide details: _____

Owner/Shareholder & Ownership % _____ **Signing Officer** **Director** **Officer** **PEP** **Contact**

Personal Name _____ Occupation _____

Home Address P.O boxes are prohibited _____ Country of Residence _____

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Are you as an authorized person or your spouse, a Director, Employee, Partner or Officer of a Member of any stock exchange or of the stock exchange itself?

No Yes, enter company name(s) here _____

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No Yes, please provide details: _____

8. Investment Knowledge of Signing Officer Making Investment Decisions

(if more than one complete a separate INVESTMENT KNOWLEDGE questionnaire by each INVESTMENT DECISION maker)

Name(s) of Signing Officer(s) making Investment Decisions: _____

Please indicate below the Types of Investments you have had experience with: _____

How would you define your current knowledge of / experience with investments?

- Very Low
- Low
- Medium
- High

How would you define your current knowledge of / experience with investments?

- Very Low
- Low
- Medium
- High

Provide 1 piece of Identification:

(i) One (1) primary piece being a government issued photo ID with signature (valid passport, country ID card, driver's license)

For each (as appropriate):

- Each majority owner/shareholder of the company (10% ownership or greater OR the % prescribed by local law if less),
- All Directors
- All Signatories

Is one or more of the majority owner/shareholder another entity? No Yes, provide the following:

1. Business Registration Number & Country of Registration
2. A Corporate family tree tracing ownership to every person OR Public Corporation who is a majority owner/shareholder
3. Documentation to verify Ownership

9. If you are applying for a Mutual Fund Account

Asset Allocation Model (AMS) Information

AMS Account? No Yes, proceed to select AMS option.

Please assign this Asset Allocation Model (AMS) to my account. Unless given other instructions in the future, this model should be applied to any subsequent purchases or redemptions as well.

AMS Models	Class	Currency	Select Only One
(SBMF) Scotia Conservative			<input type="checkbox"/>
(SBMF) Scotia Conservative Balanced			<input type="checkbox"/>
(SBMF) Scotia Balanced			<input type="checkbox"/>
(SBMF) Scotia Balanced Growth			<input type="checkbox"/>
(SBMF) Scotia Growth			<input type="checkbox"/>
(SAMJ) Conservative Income			<input type="checkbox"/>
(SAMJ) Income and Conservative Growth			<input type="checkbox"/>
(SAMJ) Balanced Income and Growth			<input type="checkbox"/>
(SAMJ) Moderate Growth			<input type="checkbox"/>
(SAMJ) Aggressive Growth			<input type="checkbox"/>

Signatures For Account No

Company Name: _____

Affix Corporate Seal for Corporations

Trading Name: _____

X _____
Signature: _____ Name and Title _____ Date _____

X _____
Signature: _____ Name and Title _____ Date _____

X _____
Signature: _____ Name and Title _____ Date _____

X _____
Signature: _____ Name and Title _____ Date _____

12. Comments section will be completed by your Advisor

\$ _____ **\$** _____
Initial Deposit Amount Or Transfer in Value:

Have you met the client face to face? No Yes How long have you known the client? _____

Referral by: SPCG Scotiabank Existing Client Personal Contact Other: _____

Other comments: _____

Original KYC information seen and copies certified in accordance with the Bank's standards for certification _____

X _____
Advisor Signature: _____ Advisor Name _____ Date _____

X _____
Approver Signature: _____ Approver Name: _____ Date _____

Appendix

Sole Proprietorship

- Registration (if required in your jurisdiction)
- Tax Compliance Certificate (TCC) or other equivalent official confirmation from the relevant tax authorities of compliance with income tax obligations;
- Audited/Public Accountant Prepared/in-House Income & Expense Statement (as applicable)

Partnership → General or Limited

- Partnership Business Registration (if required)
- Partnership Agreement (if required)
- Partnership Deed (or other instrument in writing which is duly signed by the Partners and which confirms the fact of the establishment of the Partnership)
- Tax Compliance Certificate (TCC) of other equivalent official confirmation from the relevant tax authorities of compliance with income tax obligations
- Audited/Public Accountant Prepared/in-House Income & Expense Statement (as applicable)

Corporation

- Certificate of Incorporation (if required in your jurisdiction)
- Memorandum & Articles of Association/Articles of Incorporation & By Laws
- Annual Return/Certificate of Good Standing (entities greater than 1 year old)
- Register of Directors, Officers & Members (if required in your jurisdiction)
- For companies incorporated outside of jurisdiction obtain Certificate of Continuation or Extra Territorial Registration
- Tax Compliance Certificate (TCC) of other equivalent official confirmation from the relevant tax authorities of compliance with income tax obligations
- Audited/public Accountant Prepared/in-House & Expense Statement (as applicable)

Not for Profit Corporation/Incorporated Charitable Organization
AND if Charity

- Registration (Charter or Statute of instrument by which it is established)
- Charitable Registration
- Audited/public Accountant Prepared/in-House & Expense Statement (as applicable)

Association/Club (Unincorporated)

AND if Charity

- Register of Directors, Officers
- Registration (Charter or Statute of instrument by which it is established)
- Audited/public Accountant Prepared/in-House & Expense Statement (as applicable)
- If governed by an umbrella body and not independently registered the following should be obtained:
- Letter from the governing body confirming that the entity is authorized to operate.
- Copy of the registration document of the governing body (eg Articles of Incorporation, Certificate of Incorporation)
- Document outlining the purpose and general operations

Estate

- Stamped Letters of Probate / Letter of Administration/ Notarized Copy of Will (where applicable)

Written Trust

- Certified True Copy of Written Trust
- Register of Trustees and Beneficiaries

Foundation

- Certified True Copy of Foundation Charter
- Register of Directors/Trustees of Foundation
- Registration(Incorporation, or charter or Statute or instrument by which it is established)

Other _____