

### 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
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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 \_\_\_\_\_

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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
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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
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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.

Scotia Portfolios / 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"/>
(SIJL) Conservative Income			<input type="checkbox"/>
(SIJL) Income and Conservative Growth			<input type="checkbox"/>
(SIJL) Balanced Income and Growth			<input type="checkbox"/>
(SIJL) Moderate Growth			<input type="checkbox"/>
(SIJL) Aggressive Growth			<input type="checkbox"/>

**Banking Information**

**Bank Account Use**

Default       Redemption       Purchase

<b>Bank Code</b>
<b>Transit Number</b>
<b>Bank Account Number</b>
<b>Bank Account Name</b>
<b>Bank Account Currency</b>

**10. If you are requesting to provide instructions to us by Telephone, Fax And/or Electronic Communication.**

Please sign this section

By signing here I/We confirm that:

1. I/We are requesting to provide instructions to us by Telephone/Fax/Electronic Communication and have read, understood and agreed to the Telephone/Fax/Electronic Communication Agreement in the General Terms and Conditions applicable to all accounts
2. I/We are aware of the risk involved and are willing to take those risks.

Signature:	Name and Title	Date
X _____	_____	_____
Signature:	Name and Title	Date
X _____	_____	_____
Signature:	Name and Title	Date
X _____	_____	_____

**11. What you agree to when you sign this application**

**We**, **our**, **us**, **Scotiabank**, and the **Bank** mean, as applicable, The Bank of Nova Scotia and its branches and subsidiaries and affiliates operating outside of Canada. **Scotiabank Group** means collectively, The Bank of Nova Scotia and all its subsidiaries and affiliates throughout the world.

**You** and **Your**, means the individual(s), that owns this Account, or any signatory on this Account(s) Application.

**I**, **me** and **my** means the applicant and any joint applicant, and includes an individual, corporation, trust, partnership or any other form of unincorporated organization.

By signing below, you and your signing authorities certify to the Bank:

- You request the services listed and confirm that the information recorded on this Application is true and complete. This includes your representations on the Investment Selector Profile, which you have also acknowledged as being accurate, and which forms part of this Personal Client Application.
- I certify that I am of legal age (ie. 18 years and over) by signing hereunder.
- Your investment advisor does not have a direct or indirect ownership in this account.
- Unless otherwise advised, securities purchased in the account are not insured by a government deposit insurer, are not guaranteed by the Scotiabank Group and may fluctuate in Value.
- You acknowledge receipt and agreement of an investment recommendation based on your financial goals and time horizon for the account.

**Unless otherwise indicated by you, the account will be opened as non-discretionary, i.e. you have to confirm all trades / transactions before execution.**

**The use of leverage may not be suitable for all investors. Using borrowed money, to finance the purchase of securities involves greater risk than using cash resources only. If you use borrowed money to purchase securities, your responsibility to repay the loan, pay interest, remains the same even if the value of the purchased securities decline.**

**NOTE:** Despite signing this Business/Legal Entity Client Application, the account(s)/services(s) requested are still subject to approval by the Bank prior to opening.

### Signatures For Account No

Company Name: \_\_\_\_\_

Affix Corporate Seal for Corporations

Trading Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Name and Title \_\_\_\_\_ Date \_\_\_\_\_

**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:  No  Yes

Advisor Signature: \_\_\_\_\_ Advisor Name: \_\_\_\_\_ Date \_\_\_\_\_

**X** \_\_\_\_\_  
Approver Signature: \_\_\_\_\_ Approver 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 \_\_\_\_\_