

To : National Bank of Canada
Fax No. : 1-888-307-2997
Attention : Partnership Branch
Referred By : _____

Send original to :
 National Bank of Canada
 Partnership Branch
 500 Place d'Armes, 22nd floor
 Montreal, Quebec H2Y 2W3

NOTE: National Bank of Canada will not accept Contact Forms from brokers/advisors who have not enrolled.

REF_WEB

MGA, MFDA/IIROC OR PM Firm Name

Name of Company (if Broker/Advisor is not an individual)		Insurance/MFDA/IIROC/PM Licence No.
<input type="checkbox"/> Mr. Last Name <input type="checkbox"/> Mrs.		First Name
Date of Birth (Year/Month/Day)	Social Insurance Number (only the three first digits are required)	Telephone (home)

BUSINESS ADDRESS			
Address (Street No., P.O. Box, Street, Unit / Apt. No.)		City	
Province	Postal Code	Telephone (office)	Telephone (other: cell., pager)
Email Address			Fax number

PERSONAL ADDRESS			
Address (No., Street)		City	Province
			Postal Code

1. By my signature below, I confirm that my personal information mentioned above is accurate and up to date. I authorize the Bank and any individual working for or with it, including service providers and agents, to collect and use the personal information on this form and any other information about me for the purpose of evaluating my integrity.
2. In order for the Bank to complete this evaluation and to verify the accuracy of the information provided, I authorize the Bank to collect any reasonable information necessary for the evaluation of my enrolment, including my judicial record or credit record, when deemed necessary, from any public body or person likely to have information about me, such as the Royal Canadian Mounted Police, other investigative bodies, my MGA, MFDA/IIROC or PM Firm, personal information agents, credit reporting and assessment agencies, financial institutions, relevant securities commissions and insurance regulatory agencies, or any other public source. I authorize these bodies and persons to disclose to the Bank the information about me. I further consent that the information provided to the Bank, including, if applicable, my Social Insurance Number, be used to help identify me and to distinguish me from other people.
3. I undertake to comply with the policies and procedures described within the applicable National Bank of Canada "Regulatory Information Guide".
4. With respect to any applicants identification and all verification done by me on behalf of National Bank of Canada and sent to National Bank of Canada, I undertake:
 - a. To meet all applicants personally;
 - b. To view and validate all original identification documents as set out in the relevant Regulatory Information Guide;
 - c. Validate, within reason, that the applicants are not acting on behalf of a third party and if necessary, provide information on the third party;
 - d. To obtain and witness all signatures with respect to the Contact Form documentation.
5. If necessary, I will allow National Bank of Canada to attend my place of business in order to examine and/or audit my compliance with the present agreement.
6. I undertake to keep confidential all terms and conditions of agreements concluded with National Bank of Canada and also all personal information collected from the applicants.
7. I agree to abide by all applicable Canadian laws in respect to my business relationship with National Bank of Canada including the *Personal Information Protection and Electronic Documents Act* and the *Proceeds of Crime (Money Laundering) and Terrorist Financing Act*.
8. I understand that the MGA, MFDA/IIROC or PM Firm mentioned above must have signed a Referral Agreement with National Bank of Canada prior to my enrolment.

Date (DD MM YYYY)

Broker/Advisor Signature

Regional Sales Manager / Financing Solutions Specialist

Verify the information on this form against the Broker/Advisor's original and valid identity documents. Pay particular attention to the spelling of the Broker/Advisor's first and last name, date of birth, photo and signature.

I verified the applicant information against two original identity documents.

Specify the identity documents (ex. driver's licence) 1. _____
 2. _____

 First Name and Last Name of RSM / FSS

 Telephone Number

 Billing Transit

Date (DD MM YYYY)

Signature of RSM / FSS

FOR BANK USE ONLY – To be completed by Corporate Security		
<input type="checkbox"/> Positive – You may proceed	Control No. _____	Confirmation date _____
<input type="checkbox"/> Negative – Do not proceed	Name _____	
<input type="checkbox"/> Notified		