

## Mega International Commercial Bank, Canada Branch

## **Additional Information – Entity**

In accordance with the Proceeds of Crime (Money Laundering) & Terrorist Financing Act., this form must be completed at the time of account opening by the applicant(s).

1. Business Account Information				
Business Type	☐ Corporation Private Organization ☐ Private Business ☐ Non-Profit			
Currency [	☐ CAN	☐ USD Ac	count N	Number
Full legal name of Applicant(s)				
2. Third Party Information				
If this business account will be used by or on behalf of third party, please complete information below				
Name of the Third Party				
Address			City	Province Postal Code
Occupation / Business Ty	pe (please be	specific)		Relationship to Applicant(s)
3. Beneficial Owner	ship / Major	Shareholder Informatio	n	
If the entity issues aggregate 25% or more shares as bearer shares,  please complete information below				
Is the individual(s) who owns or controls 25% or more of bearer shares of the entity a Politically Exposed				
Foreign Person (PEFP)? Or whose immediate family (relatives) member is a PEFP?  ☐ Yes ☐ No				
(if yes, please complete information about PEFP)				
<ul> <li>List individual(s) w Name &amp; Ownership %</li> </ul>		controls 25% or more of tool of the controls 25% or more of the control 25% or more of the controls 25% or more of the control 25% or m	bearer s Addres	
	%			
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4. Account Transaction Information				
If the entity is a Non-Profit Organization  ■ Is the organization a registered charity for income tax purpose?  □ Yes □ No  (if yes, please provide charity no.)				
If the transactions of the entity involve significant amount of cash, please				
complete information below.  Expected monthly cash deposit amount? Expected monthly withdrawal amount? Source of cash?				
If this account will be significantly used for money transfer (remittance), $\square$ Yes $\square$ No please complete information below.				
Expected monthly remitt			ce?	Receiving and sending amount; From/To where
Signature and	Signature of Ap	pplicant		Officer
Acknowledgement	x			x
	Date	e MM/DD/YYYY		Date MM/DD/YYYY