



DIRECTOR INFORMATION FORM

CORPORATION NAME:

First Name _____

Last Name _____

Date of Birth: _____ Phone: _____

Email _____

SIN Number: _____

Percentage of
Shares: _____

First Name _____

Last Name _____

Date of Birth: _____ Phone: _____

Email _____

SIN Number: _____

Percentage of
Shares: _____

Please complete this form, if you have multiple directors in your corporation and attach it with your Business Client Information Form, upon your submission. If you need another form, please ask the reception. Ensure you have provided as accurate information as possible. If you do not have the SIN numbers of the other directors, please leave the section blank and advise the director to contact us.