

Record Account Number

KVB Kunlun Canada Inc.

Level 36, Exchange Tower, 130 King St. West. Toronto, Ontario M5X 1B1, Canada

Tel : +1 416 646 9185 Fax: +1 416 646 9199

APPLICATION FOR COMMERCIAL ACCOUNT

Account Name							
Company							
	Full name as shown on Certificate	e of Incorpor	ation				
Trading As							
(If applicable)	Registered Business Name (refer Cert. of Registration)						
Nature of Business							
Account Details							
Existing Account Holder	Yes - Nature of	of Business					
	No - Complet	te below De	tails				
Registered Office Address				Regist	ered Detai	ls	
				Busines	s No.		
Suite No. / Level / Bldg Name				G.S.T N	_ Г		
Street No. and Name					L		
				Date Bu Establis			
City	Province	<u>e</u>		Monthly			
Country (if outside Canada) Postal code Requirement							
Full Trading Address Contact					ct Details		
				Mr Mrs Ms Miss			
Suite No. / Level / Bldg Name				Contact N	lame		
City		Province		Telephon	e		Fax
Postal code C	ountry (if outside Canada)			Email			
Account Type (select a	applicable)> Currenc	cy 🗖 CAD		USD	🗖 EUR	GBP	CHF AUD
		🗖 HKD		CNY	D JPY	SGD	☐ Other
Trade References							
1		Ph				Years Trading with them	
2		Ph				Years Trading	
3		Ph				with them Years Trading with them	

www.kvbkunlun.com

Signatory Details	Signatory Details					
1 Mr./Mrs./Ms./Miss	2 Mr./Mrs./Ms./Miss					
First Name(s) in full	First Name(s) in full					
Last Name in full	Last Name in full					
Residential Address	Residential Address					
ГI	[]					
Unit / Street Number and Name	Unit / Street Number and Name					
City Province	City Province					
Postal code Country (if outside Canada)	Postal code Country (if outside Canada)					
Contact Details	Contact Details					
Home Business	Home Business					
Fax Mobile	Fax Mobile					
Email	Email					
Date of Birth	Date of Birth					
Other Names used (if appl.)	Other Names used (if appl.)					
Occupation	Occupation					
Employer	Employer					
S.I.N	S.I.N					
Signatures						
By a legally constituted meeting of the company, authority was given to	the person(s) named to act in accordance with terms of this authority.					
Date / / /	Date / /					
1. Signature	2. Signature					
Name and Title	Name and Title					
Method of Account Operation (tick applicable)						
Any one to operate severally Both to operate	jointly Any of must authorise jointly					
agreed upon. Transactions done via the telephone are cons	s from the date of transaction or any other date that may be sidered as binding and good. All telephone conversations are ted date, I / We shall pay KVB Kunlun Canada Inc. any claims be at the sole discretion of KVB Kunlun Canada Inc.					
Signed for and on behalf of the Applicant						
C						
Name Position	Date					
KVB Use only						
Copy of Certificate of Registration/Incorporation on file	Account opened by					
Customer ID copied and retained						
Verification of all related entities	Checked by					
New account number recorded on application	Date / /					