

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

MGA OR MFDA/IIROC Firm Name

Name of Company (if Broker/Advisor is not an individual)

Insurance/MFDA/IIROC Licence No.

Mr. Last Name

First Name

Mrs.

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 to obtain personal information about myself from any person likely to have such information, such as my MGA or MFDA/IIROC Firm, credit reporting and assessment agencies, financial institutions, security registration offices, and insurance regulatory agencies. I additionally hereby acknowledge that my providing referral services, or my continuing to provide referral services, to National Bank of Canada is conditional upon the results of any such personal information being satisfactory to National Bank of Canada in its sole and absolute discretion.
2. I undertake to comply with the policies and procedures described within the applicable National Bank of Canada "Independent Advisors Guide".
3. 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 Independent Advisors 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.
4. 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.
5. 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.
6. 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*.
7. I understand that the MGA or MFDA/IIROC Firm mentioned above must have signed a Referral Agreement with National Bank of Canada prior to my enrolment.

Date

Broker/Advisor Signature

FOR BANK USE ONLY – To be completed by Corporate Security

- Positive – You may proceed
 Negative – Do not proceed
 Notified

Control No. _____

Confirmation date _____

Name _____