

- ▶ Under the *Proceeds of Crime (Money Laundering) and Terrorist Financing Act*, this form must be completed when a corporation or a legal entity is to become the contract holder / policyowner (i.e. for any contract not solely owned by individuals).
- ▶ Attach this form to articles of incorporation related to the corporation (or to documents establishing the legal entity) and to the document confirming the authority of the signer.
- ▶ If more than one corporation or organization is to become the contract holder / policyowner or more space is required, please use a second form 08295E.

Contract number / application form number:

**1- INFORMATION ON THE CORPORATION OR THE LEGAL ENTITY**

Complete corporate name of the corporation or the legal entity:

If the organization is a charitable one, please answer these questions. If not, complete section 2.

1. Is the charitable organization registered with the Canada Revenue Agency?       Yes       No
- Registration number
2. If not registered, does the charitable organization solicit donations from the public?       Yes       No

**2- INFORMATION ON THE DIRECTORS, ADMINISTRATORS AND CONTROLLING OWNERS / PARTNERS**

- List all directors and administrators of the corporation or the legal entity and all the individuals who hold 25% direct or indirect ownership or control of the organization.
- If this information is available in electronic format, please provide the source (hyperlink, website, etc.) in section 3.
- If it is impossible to obtain this information, please indicate, in section 3 of this form, the reason why the information could not be provided.

Director    Administrator    Controlling owner / partner    Other (specify) \_\_\_\_\_

Last name	First name	
Occupation	Home address	
City	Province	Postal code

Director    Administrator    Controlling owner / partner    Other (specify) \_\_\_\_\_

Last name	First name	
Occupation	Home address	
City	Province	Postal code

Director    Administrator    Controlling owner / partner    Other (specify) \_\_\_\_\_

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Director    Administrator    Controlling owner / partner    Other (specify) \_\_\_\_\_

Last name	First name	
Occupation	Home address	
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**3- COMMENTS (if applicable)**

**4- SIGNATURES**

<b>X</b>	<b>X</b>	
Name of representative (PLEASE PRINT)	Signature of representative	Date    Y    M    D
<b>X</b>	<b>X</b>	
Name and signature of trainee	Name and signature of training supervisor	Date    Y    M    D