

VBCE - Headquarters
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Vancouver B.C. Canada V6C 2V6
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VBCE

Vancouver Bullion & Currency Exchange
The Most Trusted Source in Foreign Exchange!

*** Confidential ***

Application for Consideration of a Foreign Exchange Trading Account / Service Agreement

Company Information:

Company Name:
DBA Name (if different):
Address: City: Prov: Postal Code:
Previous Address (if less than 2 years): City, Prov., Postal Code:
Telephone: Facsimile:
Years in Business: Incorp Number: Business Number:
Date of Incorporation: Place of Incorporation:
Are you a: Corporation Partnership Sole Proprietorship Other:
Business Type: Corporate Website:
Avg foreign exchange volume/frequency: Currencies traded:

Please attach a copy of the certificate of incorporation to this application

Please list the individual(s) that have signing authority, and the employee(s) that are authorized to put trades through on behalf of the company

Signing Authorit(ies):

Name: Position: Date of Birth: *dd / mm / yyyy*
Business Phone Number: Email address:
Home Address: City:
Province : Postal Code:
Signature: X..... Date

Name: Position: Date of Birth: *dd / mm / yyyy*
Business Phone Number: Email address:
Home Address: City:
Province : Postal Code:
Signature: X..... Date

I/We authorize Vancouver Bullion & Currency Exchange to obtain credit report or other information as necessary to establish a credit account. This consent is given pursuant to section 12 of the personal credit reporting act, R.S.B.C. 1979.



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Authorized Employees:

Name: Date of Birth: *dd / mm / yyyy*
 Home Address: City:
 Province : Postal Code:

Name: Date of Birth: *dd / mm / yyyy*
 Home Address: City:
 Province : Postal Code:

Name: Date of Birth: *dd / mm / yyyy*
 Home Address: City:
 Province : Postal Code:

*** If there are any additional individuals(s) that have signing authority and/or are authorized to act on behalf of the company, please add on a separate piece of paper.**

If your business is a corporation, please list all the directors below:

Director Name: Occupation:
 Director Name: Occupation:
 Director Name: Occupation:
 Director Name: Occupation:

**Please list the individual(s) that own or control at least 25% of the company
 Beneficial Ownership:**

Name: Occupation: Date of Birth: *dd / mm / yyyy*
 Home Address: City:
 Province : Postal Code:

Name: Occupation: Date of Birth: *dd / mm / yyyy*
 Home Address: City:
 Province : Postal Code:

*** If there are any additional individuals(s) that own or control at least 25% of the company, please add on a separate piece of paper.**

Primary Banking Information:

Name of Bank:
 Address: City:
 Province : Postal Code:
 Branch Number: Account Number:
 Name of Account Manager: Telephone: