

1. Identification of the Caisse with which the member wishes to do business

Name of Caisse	Transit	Folio	Point of service
Origin of the account application	Currency <input type="checkbox"/> CDN <input type="checkbox"/> USD <input type="checkbox"/> Foreign		
Caisse or business centre officer	Telephone No.		Ext.

2. Business identification and contact information

Company's legal name:	Legal form:
Company name (if applicable):	Fiscal year-end:
Sector of activity:	Number of employees:
In the case of a charity, is it registered with the Canada Revenue Agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, write in its Business Number (BN) in Section 3. If not, does it solicit charitable donations from the public?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Address of head office:	<input type="checkbox"/> Owner <input type="checkbox"/> Tenant Since: YYYYMMDD
Mailing address:	<input type="checkbox"/> Mailing address
Primary telephone number: () <input type="checkbox"/> Telephone <input type="checkbox"/> Cell	Fax:
Secondary telephone number: () <input type="checkbox"/> Telephone <input type="checkbox"/> Cell	E-mail address:
Is the firm part of a group (e.g. purchasing group, franchise): <input type="checkbox"/> No <input type="checkbox"/> Yes, specify:	
Contact person:	Contact person's function:
Contact person's telephone number: ()	E-mail address:

3. Beneficial owners, directors and signatories

Information on beneficial owners, directors and signatories can be obtained in Appendix CF-01165-002A-CL(Appendix).
Number of appendices: _____

4. Business identification number

Source deductions number	Business number (BN/GST) or S.I.N. of the owner or primary administrator
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5. References

Desjardins member – Other folios belonging to the company or an affiliate		
Transit	Folio	Account name
Transit	Folio	Account name
Transit	Folio	Account name
Transit	Folio	Account name
Other financial institutions <input type="checkbox"/> Current <input type="checkbox"/> Previous		
Name of financial institution		
Address		
Transit	Account name	Purpose of account
Name of financial institution		
Address		
Transit	Account name	Purpose of account

6. Other information

Number of signatures required to manage the folio: <input type="checkbox"/> 1 signature <input type="checkbox"/> 2 signatures			
Proxy:			
Type of statement: <input type="checkbox"/> Paper <input type="checkbox"/> Online	Statement issue frequency: <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	Cheque imaging: <input type="checkbox"/> Paper <input type="checkbox"/> Online	
Planned account usage:			
If used for fund transfers, specify the country of origin and sender or the country of destination and recipient			
Origin/Destination:			
Sender/Recipient:			

7. Third party statement

Are you opening this account on the request of and/or for the use of a third party individual or business? <input type="checkbox"/> Yes <input type="checkbox"/> No
Note: If the applicant acknowledges that they are acting on behalf of a third party individual or business, you must fill out the "Third party Statement (Individual / Business)" form (CF-00100-969A) and attach it to the "Membership application" form in the applicant's file.

8. Transit authorized

Evaluate according to the company's needs			
(a) <input type="checkbox"/> Start-up company or <input type="checkbox"/> Existing company			
(b) Content of deposits	Coins: \$	Bank notes: \$	Items (cheques): \$
Frequency: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Other:			
Expected deposit amount: \$			

Transit authorized assignment (mandatory) – SECTION RESERVED FOR THE CAISSE OR BUSINESS CENTRE		
Assign the TA amount based on risk management, the member's needs and the standards established at the Caisse.		
Granted		
Transit authorized \$	ATM freeze code: <input type="checkbox"/> 1 <input type="checkbox"/> 2	Date
Review every: <input type="checkbox"/> 3 months <input type="checkbox"/> 6 months <input type="checkbox"/> 1 year <input type="checkbox"/> Other: YYYYYMMDD		
Authorized by	Input by	
Comments: _____		

**ACCOUNT OPENING IS CONDITIONAL ON A CREDIT CHECK FOR THE COMPANY AND EACH SIGNATORY ON THE COMPANY'S ACCOUNT.
AS SUCH, YOUR CONSENT IS REQUIRED TO CHECK THE CREDIT HISTORY OF THE COMPANY NAMED IN SECTION 2.**

9. Authorization to gather and disclose company information

In accordance with privacy legislation, the company, its owner in the case of a sole proprietorship, each partner in case of a partnership and each undersigned representative in case of a legal person, consent(s) that:	
<ul style="list-style-type: none"> • The Caisse may obtain from any person and retain any information regarding them deemed necessary to the provision of all financial services required with respect to the object of this file. This consent also applies to the updating of information to allow the Caisse to reanalyze their commitments toward it, among others with regard to renewals, amendments or changes in business relations; • Any person may communicate such information to the Caisse, even if the information is contained in a closed or inactive file; • The Caisse may communicate information regarding them to any lender, financial institution, personal information agent or credit bureau, co-borrower, potential surety, appraiser or any other person with whom the Caisse or company, its owner, its partners or its representatives maintain a business relationship with respect to the provision of financial services required in accordance with the object of the file. 	
Signed at _____, this _____.	
_____ Signature of the owner, partner or representative	_____ Signature of the owner, partner or representative
_____ Name in block letters	_____ Name in block letters
_____ Signature of the owner, partner or representative	_____ Signature of the owner, partner or representative
_____ Name in block letters	_____ Name in block letters

Note: All sections must be completed.