

NOTE: A Corporation/Entity Identification Information Record is required by the *Proceeds of Crime (Money Laundering) and Terrorist Financing Act*. This Record must be completed by the REALTOR® member whenever they act in respect to the purchase or sale of real estate.

It is recommended that the Corporation/Entity Identification Information Record be completed:

- (i) for a buyer when the offer is submitted and/or a deposit made, and
- (ii) for a seller when the seller accepts the offer.

Transaction Property Address:

Sales Representative/Broker Name:

Date:

A.1. Verification of Corporation (Verify all Corporations except: 1. Publicly traded corporations with assets of \$75M+; or 2. Canadian Federal/Provincial/Municipal/ Hospital public bodies. For businesses / entities that are NOT CORPORATIONS, complete A.2 INSTEAD)

NOTE: Either **section A.1** or **A.2 must be completed** for your corporate / entity clients or unrepresented entities that are not clients, but are parties to the transaction (e.g. unrepresented buyer or seller). Where you are unable to identify an unrepresented entity, complete section A.3 and consider sending a Suspicious Transaction Report to FINTRAC if there are reasonable grounds to suspect that the transaction involves the proceeds of crime, or terrorist activity.

1. Name of Corporation:

2. Corporate Address:

3. Nature of Principal Business:

4. Name of Directors: As set out in certificate of corporate status or other record confirming corporation's existence.

5. Type of Verification Record Must confirm existence of the Corporation (e.g., certificate of corporate status, published annual report, government notice of assessment):

6. Source of Verification Record Records may be paper or electronic version. If record is in paper format or electronic database not accessible to public, a copy must be kept. If record is an electronic version in public database, a record of the corporation's registration number and type and source of record (e.g., Corporations Canada website) must be kept. Enclose copy of source document or URL where it was viewed electronically):

7. Registration number of Corporation:

8. ATTACH a copy of corporate records showing authority to bind corporation regarding transaction:

e.g., certificate of incumbency, articles of incorporation, by-laws setting out officers duly authorized to sign on behalf of corporation.

This will reference the person(s) who signed on behalf of the Corporation on the APS, etc. The corporate record must be signed by a director(s) named in line 4 above.

9. YOU MUST ALSO complete Individual identification Information Records for all persons who signed on behalf of the Corporation.

A.2. Verification of Other Entity (Applicable to entities that are NOT CORPORATIONS such as Not-for-Profits, Charities, Trusts, etc.)

1. Name of other entity:

2. Address:

3. Nature of Principal Business:

4. Type of Verification Record: Must confirm existence of other entity (e.g., partnership agreement, articles of association)

5. Source of Record:

Record may be paper or an electronic version. If record is in paper format, a copy must be kept. If record is an electronic version, a record of the entity's registration number and type and source of record must be kept.

6. Registration number:

7. YOU MUST ALSO complete Individual identification Information Records for all persons who signed on behalf of the Entity.

A.3 Unrepresented Entity Reasonable Measures Record *(if applicable)*

Only complete this section when you are unable to ascertain the existence of an unrepresented entity.

1. Measures taken to Confirm Existence *(check one):*

- Asked unrepresented entity for information to confirm their existence
- Other, explain:
- Date on which above measures taken:

2. Reasons why measures were unsuccessful *(check one):*

- Unrepresented entity did not provide information
- Other, explain:

B. Verification of Third Parties

NOTE: *Only complete Section B for your clients.* Take reasonable measures to determine whether your clients are acting on behalf of third parties by completing this section of the form. If you are not able to determine whether your clients are acting on behalf of a third party but there are reasonable grounds to suspect there are, complete Section B.1. If there is a third party, complete Section B.2.

Either B.1 or B.2 must be completed.

B.1 Third Party Reasonable Measures

Is the transaction being conducted on behalf of a third party according to the client? *(check one):*

- No
- Yes (complete B.2 below)

Describe why you think your client may be acting on behalf of a third party:

B.2 Third Party Record Where there is a third party, complete this section.

1. Name of other entity:

2. Address:

3. Telephone number:

4. Date of Birth (if applicable):

5a. Nature of Principal Business or Occupation:

5b. Employer:

6. Registration or Incorporation number and jurisdiction and country that issued that number *(if applicable):*

7. Relationship between third party and client:

NOTE: Only complete Sections C and D for your clients.

C. Client Risk *(ask your Compliance Officer if this section is applicable)*

Determine the level of risk of a money laundering or terrorist financing offence for this client by determining the appropriate cluster of client in your policies and procedures manual this client falls into and checking one of the checkboxes below:

Low Risk

- Canadian Corporation or Entity
- Foreign Corporation or Entity that does not operate in a High Risk Country
- Other, explain:

Medium Risk

- Explain:

High Risk

- Foreign Corporation or Entity that operates in a High Risk Country
- Other, explain:

If you determined that the client's risk was high, tell your brokerage's Compliance Officer. They will want to consider this when conducting the overall brokerage risk assessment, which occurs every two years. It will also be relevant in completing Section D below. Note that your brokerage may have developed other clusters not listed above. If no cluster is appropriate, the agent will need to provide a risk assessment of the client, and explain their assessment, in the relevant space above.

D. Business Relationship *(ask your Compliance Officer when this section is applicable)*

D.1. Purpose and Intended Nature of the Business Relationship

Acting as an agent for the purchase or sale of (Check the appropriate boxes):

- Land for Commercial Use
- Commercial property
- Other, please specify:

Optional: describe your business dealings with the client and include information that would help you anticipate the types of transactions and activities that the client may conduct

D.2. Measures Taken to Monitor Business Relationship and Keep Client Information Up-To-Date

D.2.1 If the client is a corporation, ask if its name and address and name of its directors have changed and if they have include the updated information on page one. If the client is an entity other than a corporation, ask if its name, address and principal place of business has changed and if they have include the updated information on page one.

D.2.2 Keep all relevant correspondence with the client on file in order to maintain a record of the information you have used to monitor the business relationship with the client. Optional - if you have taken measures beyond simply keeping correspondence on file, specify them here:

D.2.3. If the client is high risk you must conduct enhanced measures to monitor the brokerage's business relationship and keep their client information up to date. Optional - consult your Compliance Officer and document what enhanced measures you have applied:

D.3 Suspicious Transactions -- Don't forget, if you see something suspicious during the transaction, report it to your Compliance Officer. Consult your policies and procedures manual for more information.

E. Terrorist Property Reports -- Don't forget to follow your brokerage's procedures with respect to terrorist property reports. Consult your policies and procedures manual for more information.

Beneficial Ownership Record

1. Complete sub-section 1 (as applicable, according to the type of entity)
2. Complete sub-section 2 for all entities
3. Complete sub-section 3 if entity is a not-for-profit corporation.
4. Confirm accuracy of information in sub-sections 1, 2 and 3 (as a best practice) and document you did this in sub-section 4.
5. If you cannot obtain information in sub-sections 1 or 2 or confirm its accuracy, complete sub-section 5.

1. Record Keeping – General (Only complete the subsection that applies. Add additional pages if necessary)

A. For corporate entities:

Names of all directors of corporation:

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Names and addresses of all persons who own directly or indirectly 25% or more of shares of corporation:

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B. For trust entities:

Names and addresses of all trustees, known beneficiaries and settlors of trust:

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C. For widely held or publicly held trust entities:

Names of all trustees:

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Names and addresses of all persons who directly or indirectly own 25% or more of the units of the trust:

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D. For entities other than corporations or trusts:

Names and addresses of all persons who own directly or indirectly 25% or more of entity:

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2. Record Keeping – Ownership, Structure and Control

For all entities, provide information explaining entity’s ownership, control and structure. If the information is complex, you may wish to attach a diagram that shows the ownership, control and structure:

3. Record Keeping – Not-For-Profit

Is entity a charity registered with the Canada Revenue Agency under the Income Tax Act? Yes No

If entity is not a charity, does entity solicit charitable donations from the public? Yes No

4. Confirm Accuracy of Information in Sections 1, 2 and (as a best practice) Section 3

Tick applicable boxes to document the measures you took to confirm the accuracy of information in sub-sections 1-3:

Asked entity for information and they provided (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Minute Book | <input type="checkbox"/> Securities register |
| <input type="checkbox"/> Shareholders register | <input type="checkbox"/> Articles of incorporation |
| <input type="checkbox"/> Annual returns | <input type="checkbox"/> Certificate of corporate status |
| <input type="checkbox"/> Shareholder agreement | <input type="checkbox"/> Partnership agreement |
| <input type="checkbox"/> Board of Director’s meeting records of decisions | <input type="checkbox"/> Other, explain |
| <input type="checkbox"/> Trust deed | |

Checked CRA list of charities (if sub-section 3 applies)

Internet search

Entity provided signed letter confirming the veracity of the information in Sections 1 and 2

Other, explain:

(Optional) Date(s) above measures were taken:

5. Complete this sub-section if you cannot obtain information in sub-sections 1 or 2 or confirm its accuracy in sub-section 4 (Agents should speak to the Compliance Officer for direction if step 5 is necessary).

Tick applicable box for each task taken:

- Took reasonable measures to verify the identity of the entity’s chief executive officer or the person who performs the function.
- Applied special measures for high-risk-clients.