



Know Your Client (KYC) Form

Individual Personal Information

First Name: _____

Date of Birth: _____
dd/mm/yyyy

Middle Initial: _____

Last Name: _____

Gender: Male ☐ Female ☐

Note: If you are 65 years old or older, please complete the attached Senior Investors Addendum.

Client Address Information

Street: _____

City: _____

Province: _____

Postal/Zip Code: _____

Client Contact Information

Home Phone Number: _____

Business Phone Number: _____

Email: _____

Marital Status

Single ☐
Married ☐
Common Law ☐
Divorced ☐
Widowed ☐

Citizenship

Canada ☐
United States ☐
Other ☐
(If other please
state below)

Residence

Canada ☐
United States ☐
Other ☐
(If other please
state below)

Personal Employment Information

Name of Employer: _____

Business Address: _____

Type of Business: _____

City: _____

Position Held: _____

Province: _____ Country: _____

Postal Code: _____

Spouse Information

First Name: _____

Name of Employer: _____

Last Name: _____

Position Held: _____

Address: _____

Dependents?

Yes ☐

No ☐

If yes, please state how many: _____

Income

in Canadian Dollars

	2020	2021	2022	2023 <i>expected</i>
Gross Personal Taxable Income				
+ Spousal Gross Taxable Income				
= Total Household Taxable Income				

Net Financial Assets

Net Financial Assets: Value of the financial assets owned by you and your spouse, before taxes, and net of any related liabilities.

"Financial assets" mean cash or securities which are generally liquid or relatively easy to liquidate. The value of any owned real estate property (including a personal residence) is not included in this calculation. As defined in NI 45-106.

Net Assets

Net Assets: Value of all assets owned by you and your spouse, before taxes, and net of any related liabilities.

Calculation of Total Assets includes value of any owned real estate property including a personal residence. The calculation of the total liabilities includes the amount of any liability in respect to real estate property held. As defined in NI 45-106.

in Canadian Dollars

in Canadian Dollars

		\$			\$
1	Cash		14	Total Net Financial Assets (from Row 13)	
2	Bonds			Fair Market Value of Non-Financial Assets:	
3	Stocks & Mutual Funds		15	Personal Residence (if owned)	
4	TFSA		16	Other Real Estate (below 3 rows)	
5	RRSP/RRIF		17	1)	
6	Digital/Crypto Currencies		18	2)	
7	Life Insurance Cash Surrender Value		19	3)	
8	Exempt Market Holdings expected to be publicly trading (liquid) within 12 months		20	Exempt Market Holdings currently illiquid for the foreseeable future	
9	Other- Please specify: _____		21	Luxury vehicles and boats	
10	Other- Please specify: _____		22	Diamonds, Jewellery	
11	Financial Assets Total (Add rows 1 to 10)		23	Other- Please specify: _____	
12	Deduct: Any related liability (loans, any funds being borrowed from line of credit)		24	Assets Total (Add rows 14 to 23)	
13	Total Net Financial Assets (Subtract value in row 12 from value in 11)		25	Deduct: Total value of any outstanding liabilities such as mortgage balances against above assets (excludes row 12 values)	
	Please enter value from row 13 in next column, row 14.		26	Total Net Assets (Subtract value in row 25 from value in 24)	

Family, Friends and Business Associates Exemption

If this KYC is being completed in connection with an investment under the "Family, Friends and Business Associates" prospectus exemption, please complete the attached Family, Friends and Business Associates Exemption Addendum.

Risk Tolerance

a. How would you classify the stage of your lifecycle?

- ☐ Early Career
- ☐ Middle Career
- ☐ Nearly Retired
- ☐ Retired, Living off Assets

b. How much income do you have?

- ☐ I spend all my income and need to find extra cash
- ☐ My living costs are covered by income but I need additional cash for luxuries
- ☐ I have good disposable income and consistently add to my savings
- ☐ My income is large compared to my needs

c. Are you willing to see your investment fluctuate in value?

- ☐ Yes
- ☐ No

d. If the investment fell in value, when would you become concerned?

- ☐ Down 5% - 10%
- ☐ Down 10% - 15%
- ☐ Down 15% - 30%
- ☐ Down 30% - 50%
- ☐ Down Over 50%

e. What is your willingness to risk shorter term losses for the possibility of higher longer term returns?

- ☐ Very Willing
- ☐ Willing
- ☐ Unwilling
- ☐ Very Unwilling

f. What percentage of your total net savings would be invested in this financial product?

- ☐ Less than 10%
- ☐ 10% to 15%
- ☐ 15% to 20%
- ☐ 20% to 25%
- ☐ Greater than 25%

g. Have you borrowed funds to invest with FRCC?

If so, please indicate the amount: \$ _____

Investment Objectives

a. What time frame do you have for this investment?

- ☐ Less than 1 year
- ☐ 1 - 2 years
- ☐ 2 - 4 years
- ☐ 5 – 10 years
- ☐ 10+ years

b. Please mark any of these items that are important to you:

- ☐ Provide for retirement
- ☐ Provide for parents' financial needs
- ☐ Provide for children's housing
- ☐ Pay off financial liabilities (student loans, lines of credit)
- ☐ Minimize estate taxes
- ☐ Other _____

c. What best describes your current investment goals?

- ☐ I don't want to lose money but I want some opportunity for modest growth
- ☐ I want growth but I am concerned about the possibility of losses
- ☐ I expect my money to grow over the long term and accept some risk
- ☐ I want maximum growth and I am comfortable with high levels of risk

d. Please state the intended use of your account with our firm.

Examples might be: speculative investments, saving for a long term goal such as child's education etc.)

Investment Information

Have you sold short?

Yes ☐ No ☐

Average Value of Trade:
\$ _____

Average Number of Trades Per Year:

Investment Knowledge

Sophisticated ☐ Good ☐

Limited ☐ None ☐

Investment Knowledge

Number of years investing:

Stocks: _____

Options: _____

Securities Traded (If Applicable)

Stocks ☐ Preferred Stock ☐

Bond ☐ Options ☐

Commodities ☐ Rights & Warrants ☐

Politically Exposed Persons (Foreign or Domestic)

Politically Exposed Foreign Persons (PEFP)

Do you currently hold or have you ever held any of the following offices or positions in/or on behalf of a foreign country?

- A head of state or government
- A member of the executive council, government or member of a legislature
- A deputy minister (or equivalent)
- An ambassador or an ambassador's attaché or councillor
- A military general (or higher rank)
- A president of a state-owned company or bank
- A head of a government agency
- A judge of a supreme court, constitutional court or other court of last resort
- A leader or president of a political party in a legislature

Yes ☐

No ☐

Head of an International Organization (HIO)

Do you hold or have you held within the last 5 years one of the following specific offices or positions of head (primary person such as President or CEO) of an international organization that is either:

- Established by the governments of states
- An institution of an organization referred in the bullet above
- An international sports organization

Yes ☐

No ☐

Domestic Politically Exposed Person (PEP)

Do you hold or have you held within the last 5 years one of the following specific offices or positions in or on behalf of the Canadian federal government, a Canadian provincial government, or a Canadian municipal government?

- Governor General, lieutenant governor or head of government
- Member of the Senate or House of Commons or member of a legislature
- Deputy minister or equivalent rank
- Ambassador, or attaché or counsellor of an ambassador
- Military officer with a rank of general or above
- President of a corporation that is wholly owned directly by His Majesty in right of Canada or a province
- Head of a government agency
- Judge of an appellate court in a province, the Federal Court of Appeal or the Supreme Court of Canada
- Leader or president of a political party represented in a legislature; or mayor (a mayor includes the head of a city, town, village, or rural or metropolitan municipality, regardless of the size of the population)

Yes ☐

No ☐

Family Members and Close Associates of a PEFP, HIO or PEP

Do any of your family members or close associates hold or have they ever held any of the above listed offices or positions?

Family members include mother or father, siblings and half-siblings, children or adopted children, spouse or common law partner, spouse's or common law partner's mother or father, ex-spouse or ex-partner.

Close associates are connected to a PEFP, HIO or PEP for business or personal reasons. Some examples of connections include business partnership, co-ownership of a business, carrying out of financial transactions, romantic relationships, membership together in the same political party, union or board and working together on charitable works or a policy.

Yes ☐

No ☐

If the answer to any of the above PEP questions is “Yes”, please identify the source of the funds for your investments with us:

Are your investments with our firm to be used by or on behalf of any party other than yourself?

Yes ☐

No ☐

Insider Status

Are you a director or officer of a publicly traded company, or owner, attorney (alone or as part of a group) of 10% or much such voting rights?

Yes ☐

No ☐

Anti-Money Laundering Verification

Canadian Law requires us to verify and collect certain information concerning our clients. We are also required to verify the identity of all clients according to FINTRAC guidelines.

FRCC may not require ongoing refreshed identify verification for existing clients; this is at FRCC’s discretion.

Banking Information

Social Insurance Number (SIN)

Bank Name:

Bank Address:

Bank Account Number:

Bank Contact:

Certification

Please sign the three statements below.

1. I acknowledge that investments offered by FRCC consist of speculative high risk investments.

Client Signature: X _____ Date: _____
dd/mm/yyyy

2. I certify that the information contained in this document is true, complete and accurately reflects my investment attitudes.

Client Signature: X _____ Date: _____
dd/mm/yyyy

3. I acknowledge that I have reviewed and understand the Conflict of Interest Disclosure document posted on the website of First Republic Capital Corporation at <https://www.firstrepubliccapital.com/conflict-of-interest-disclosure-document/>. Any questions or concerns about the information in this document were discussed with my dealer representative at First Republic Capital, and I am comfortable with the information provided.

Client Signature: X _____ Date: _____
dd/mm/yyyy

Dealer Representative Initials: _____

NOTES – FOR OFFICER USE ONLY.
