

Transit	Bank Reference Number, i.e. Class Number (if applicable)	Mortgage Number
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Business Information Record (Mandatory for Simplii Anti-Money Laundering (AML) Policy). To be filled out as a part of the non-personal mortgage application process.

Before you begin (Does the client have a CIBC business banking account?) ☐ No ☐ Yes-Enter CDS Account number _____

As per AML requirements, please proceed with completing all information below.

Incorporated / Unincorporated Business

1. Information about the Business

Name of Business	Nature of Business (please be specific, e.g. Pet Food Retailer)
Incorporation Number (if applicable)	Place of Incorporation (if applicable)
Business Address	

(For Unincorporated Association, Incorporated Association and Corporate Business structures):

Is this business structure a Not for Profit? ☐ Yes ☐ No If Yes: Please answer the questions below:

Is this a Registered Charity? ☐ Yes ☐ No If Yes: Registration Number _____

For Non-Registered Charities, do you solicit donations from the public? ☐ Yes ☐ No

2. Identify all owner(s) of the Business (Individual and/or Non-Personal Entity) who own 25% or more of the equity in the Business.

Are all owners identified in the Mortgage Application? ☐ Yes ☐ No If No: Complete owner(s) info. in applicable sections below.

Is all required information recorded in CIF? ☐ Yes ☐ No If No: Complete owner(s) info. in applicable sections below.

Note: Complete section 2(b) if there is a non-personal entity owner.

2(a). Information about the Owner(s) of the Business (where an owner is an Individual).

First Individual Owner

First Name	Last Name	Occupation	Percentage of Equity Ownership
Address (street number, street name, unit number, rural, as applicable) (P.O. box address is not accepted)			
City	Province/Territory	Postal Code	

Business Information Record (for Non-Personal Mortgages)

Second Individual Owner

First Name	Last Name	Occupation	Percentage of Equity Ownership
Address (street number, street name, unit number, rural, as applicable) (P.O. box address is not accepted)			
City	Province/Territory	Postal Code	

Third Individual Owner

First Name	Last Name	Occupation	Percentage of Equity Ownership
Address (street number, street name, unit number, rural, as applicable) (P.O. box address is not accepted)			
City	Province/Territory	Postal Code	

Fourth Individual Owner

First Name	Last Name	Occupation	Percentage of Equity Ownership
Address (street number, street name, unit number, rural, as applicable) (P.O. box address is not accepted)			
City	Province/Territory	Postal Code	

2(b). Information about the owner(s) of the Business (where an owner is a Non-Personal Entity).

Information must be obtained on any owner who owns 25 % or more of the equity in this non-personal entity. Capture the owner information below in 2(c) and 2(d) (as applicable).

Name of Non-Personal Entity	Nature of Business	Incorporation Number (if applicable)	Place of Incorporation (if applicable)	Percentage of Equity Ownership
Address (street number, street name, unit number, rural, as applicable) (P.O. box address is not accepted)				
City	Province/Territory	Postal Code		
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2(c). Information about the Owner(s) of the Non-Personal Entity (where an owner is an Individual).

Has all required information been recorded in CIF for any of the individual owners of this non-personal entity? ☐ Yes ☐ No

If No: Complete the following section.

Business Information Record (for Non-Personal Mortgages)

First Individual Owner

First Name	Last Name	Occupation	Percentage of Equity Ownership
Address (street number, street name, unit number, rural, as applicable) (P.O. box address is not accepted)			
City	Province/Territory	Postal Code	

Second Individual Owner

First Name	Last Name	Occupation	Percentage of Equity Ownership
Address (street number, street name, unit number, rural, as applicable) (P.O. box address is not accepted)			
City	Province/Territory	Postal Code	

Third Individual Owner

First Name	Last Name	Occupation	Percentage of Equity Ownership
Address (street number, street name, unit number, rural, as applicable) (P.O. box address is not accepted)			
City	Province/Territory	Postal Code	

Fourth Individual Owner

First Name	Last Name	Occupation	Percentage of Equity Ownership
Address (street number, street name, unit number, rural, as applicable) (P.O. box address is not accepted)			
City	Province/Territory	Postal Code	

2(d). Information about the Owner(s) of the Non-Personal Entity (where an owner is a Non-Personal Entity).

Information must be obtained on any owner who owns 25 % or more of the equity in this non-personal entity. This process must be repeated until all non-personal entity owners have been identified down to the level of individual ownership. Use another Business Information Record and complete sections 2(a) to 2(d) (as applicable) and attach to this form.

Name of Non-Personal Entity	Nature of Business	Incorporation Number (if applicable)	Place of Incorporation (if applicable)	Percentage of Equity Ownership
Address (street number, street name, unit number, rural, as applicable) (P.O. box address is not accepted)				
City	Province/Territory	Postal Code		

Business Information Record (for Non-Personal Mortgages)

3.Information about the Director(s) for Corporate entities:

Is the business a Corporation? ☐ Yes If Yes: Please complete this section. ☐ No If No: Proceed to Section 4.

First Name	Last Name	Occupation
First Name	Last Name	Occupation
First Name	Last Name	Occupation
First Name	Last Name	Occupation
First Name	Last Name	Occupation
First Name	Last Name	Occupation
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4.Identification for Signing Officers

One piece of acceptable identification with photo is required by each signing officer. Refer to Simplii acceptable ID listing.

First Signing Officer

First Name	Last Name	Date Of Birth (Month day, year)	Occupation
Identification Type	Identification Number	Country of Issue	
Jurisdiction (Province/Territory/State)	Expiry Date (mm/dd/yyyy)		
Address (street number, street name, unit number, rural, as applicable) (P.O. box address is not accepted)			
City	Province/Territory	Postal Code	

Second Signing Officer

First Name	Last Name	Date Of Birth (Month day, year)	Occupation
Identification Type	Identification Number	Country of Issue	
Jurisdiction (Province/Territory/State)	Expiry Date (mm/dd/yyyy)		
Address (street number, street name, unit number, rural, as applicable) (P.O. box address is not accepted)			
City	Province/Territory	Postal Code	

Business Information Record (for Non-Personal Mortgages)

Third Signing Officer

First Name	Last Name	Date Of Birth (Month day, year)	Occupation
Identification Type	Identification Number	Country of Issue	
Jurisdiction (Province/Territory/State)	Expiry Date (mm/dd/yyyy)		
Address (street number, street name, unit number, rural, as applicable) (P.O. box address is not accepted)			
City	Province/Territory	Postal Code	

Each of the undersigned certifies that the information provided is true and accurate to the best of their knowledge.

		X	
Date (Month day, year)	Name and Title		Signature of Signing Officer (sign within box)
		X	
Date (Month day, year)	Name and Title		Signature of Signing Officer (sign within box)
		X	
Date (Month day, year)	Name and Title		Signature of Signing Officer (sign within box)
		X	
Date (Month day, year)	Name and Title		Signature of Signing Officer (sign within box)

Attestation

I confirm and attest that the Non-Personal (Business) information including Owners, Directors and Signing Officers, are true and accurate to the best of my knowledge.

		X	
Date (Month day, year)	Name and Title		Signature of Solicitor (sign within box)