



## Customer Due Diligence - Know Your Customer (KYC) Form For Financial Cards and Retailer Gift Cards

**PURPOSE:** The Purpose of this document is to ensure adequate account administration and customer disclosure practices for gift card programs; to monitor customer risks and mitigate anti-money laundering risks relevant to the business while continue to encourage product innovation.

**CANADIAN REGULATION REQUIREMENTS:** Please fill in the applicable sections

If Individual Order or Cumulative Annual Spend under \$10,000 = Section #1, #2, #3 & #6

If Individual Order or Cumulative Annual Spend at or above \$10,000 = All Sections

If Individual Order or Cumulative Annual Spend at or above \$50,000 = Processor\* Approval

If Individual Order or Cumulative Annual Spend at or above \$100,000 - Processor & Issuing Bank

\*MasterCard/Visa/American Express/Retailers

### **SECTION #1: Purchaser Information**

Company Legal Name:

Company Operating Name (DBA):

Street Address:

City:  Province:  Postal Code:

Phone Number: (    )  Fax Number: (    )

Company Website:

Company E-mail:

All Information provided on this form will be kept confidential. Information may be compared with compliance regulators to reduce the potential risk of money laundering and/or terrorist financing and a background check may be completed.

5420 Timberlea Blvd. Mississauga, ON L4W 2T7 Phone: 905-602-0478 Fax: 905-267-5444

[www.TheGiftCardGroup.com](http://www.TheGiftCardGroup.com)



Business/Corporate #:  D&B (U.S only) #:

Jurisdiction of Incorporation:

If your company is publicly traded, please indicate where:

What is the company symbol?

Years in Existence:  Number of Employees:  Yearly Revenue:

**SECTION #2: Business Information**

**Name and Occupation for Directors of the Company**

**Director Name:**

**Occupation:**

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

**Indicate all Individuals and/or entities with 25% or greater ownership, and their requested Information**

**Owner Name:**

**Country of Residence:**

**% of Ownership:**

<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

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### **SECTION #3: Purpose of Cards/Program (Select all that apply)**

Gifts:  Promotion:   
 Customer Incentive:  Non-Profit/Donation:   
 Employee Incentive:  Marketing Campaign:

Other (Specify):

### **SECTION #4: Banking Information**

Name of Bank:  Account #:

Bank Full Address:

Contact Name:

Phone #: ( )  Fax #: ( )

Authorization to verify banking information: Yes  No

### **SECTION #5: Contact Identification**

Please provide a photocopy of one of the following forms of ID, belonging to an owner/partner/Director/principal:

Passport  Driver's License

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**SECTION #6: Assertion & Signature**

**I attest that the information completed on this form is accurate to the best of my knowledge and there are no material errors or omissions. I also warrant that funds are not from an illicit source.**

**Name:**

**Title:**

**Signature:** \_\_\_\_\_  
Owner / Partner / Director / Principal

**Date:**

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