



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
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"/>

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.



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

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
www.TheGiftCardGroup.com



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:

All Information provided on this from 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.