RBC Royal Bank®

Business Account Application for Non-Profit Corporation/Organization, Association, Society, or Lodge

Business Information

Organization Legal Name

Date Organization was Established

Preferred Language
☐ English ☐ French

Organization Structure (i.e. Non-Profit Corporation, Association, Society, Lodge)

Place of Incorporation Issuance (for Incorporated Organizations only)

Incorporated in:

☐ **Canada** - OR - ☐ **United States,** Specify State

☐ Federally ☐ **Mexico**

☐ Provincially ☐ **Europe**

☐ **Elsewhere:** Specify Country

Registered Corporation Number:

Describe Primary Activity of the Organization (e.g. Charity, Community Organization, Fraternity)

If a Charity, is the Charity registered with the Canadian Revenue Agency?

☐ Yes - record registered Charity Number is:

☐ No - does the Charity solicit donations from the Public? ☐ Yes ☐ No

Operations in Other Countries

Does the Organization conduct business with companies/individuals located outside of Canada? ☐ Yes ☐ No

- OR -

Does the Organization have operations located outside of Canada? ☐ Yes ☐ No

Business Address and Contact Information

Street Address

City	**Province/State**	**Country**	**Postal Code**

Mailing Address (if different than above)

City	**Province/State**	**Country**	**Postal Code**

Phone	**Fax**

Primary Contact	**Alternate Contact**
Name:	Name:
Phone:	Phone:
Email:	Email:

Business Authorities and Authorized Signing Officers: Personal Information and 2 pieces of verified I.D. are required for all Signing Officers. A maximum of three Signing Officers may be assigned.

Authorized Signing Officer 1

RBC Client Card # (if an RBC client)		**Preferred Language** ☐ English ☐ French
Salutation ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss ☐ Dr.		**Gender** ☐ Male ☐ Female
Last Name	**First Name**	**Middle Name**
Date of Birth (mm/dd/yyyy)	**Occupation**	
Home Street Address		
City	**Province**	**Postal Code**
Identification 1 (Mandatory) I.D. must be presented to RBC employee.		
Type	**Reference Number**	**Place of Issue**
Citizenship (Required for Foreign Passports, IMM1000, IMM1442, IMM5292, Permanent Resident Card, Foreign National Card)		
Expiry Date:	**Country:**	**Province/Sate:**
Identification 2 (Mandatory) I.D. must be presented to RBC employee.		
Type	**Reference Number**	**Place of Issue**
Citizenship (Required for Foreign Passports, IMM1000, IMM1442, IMM5292, Permanent Resident Card, Foreign National Card)		
Expiry Date:	**Country:**	**Province/Sate:**
Personal Contact Information (Optional)		
Home Phone	**Cellular Phone**	**Email**

Authorized Signing Officer 2

RBC Client Card # (if an RBC client)		**Preferred Language** ☐ English ☐ French
Salutation ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss ☐ Dr.		**Gender** ☐ Male ☐ Female
Last Name	**First Name**	**Middle Name**
Date of Birth (mm/dd/yyyy)	**Occupation**	

Home Street Address		
City	**Province**	**Postal Code**
Identification 1 (Mandatory) I.D. must be presented to RBC employee.		
Type	**Reference Number**	**Place of Issue**
Citizenship (Required for Foreign Passports, IMM1000, IMM1442, IMM5292, Permanent Resident Card, Foreign National Card)		
Expiry Date:	**Country:**	**Province/Sate:**
Identification 2 (Mandatory) I.D. must be presented to RBC employee.		
Type	**Reference Number**	**Place of Issue**
Citizenship (Required for Foreign Passports, IMM1000, IMM1442, IMM5292, Permanent Resident Card, Foreign National Card)		
Expiry Date:	**Country:**	**Province/Sate:**
Personal Contact Information (Optional)		
Home Phone	**Cellular Phone**	**Email**

Authorized Signing Officer 3

RBC Client Card # (if an RBC client)		Preferred Language ☐ English ☐ French
Salutation ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss ☐ Dr.		**Gender** ☐ Male ☐ Female
Last Name	**First Name**	**Middle Name**
Date of Birth (mm/dd/yyyy)	**Occupation**	
Home Street Address		
City	**Province**	**Postal Code**
Identification 1 (Mandatory) I.D. must be presented to RBC employee.		
Type	**Reference Number**	**Place of Issue**
Citizenship (Required for Foreign Passports, IMM1000, IMM1442, IMM5292, Permanent Resident Card, Foreign National Card)		
Expiry Date:	**Country:**	**Province/Sate:**

Identification 2 (Mandatory) I.D. must be presented to RBC employee.		
Type	**Reference Number**	**Place of Issue**
Citizenship (Required for Foreign Passports, IMM1000, IMM1442, IMM5292, Permanent Resident Card, Foreign National Card)		
Expiry Date:	**Country:**	**Province/Sate:**
Personal Contact Information (Optional)		
Home Phone	**Cellular Phone**	**Email**

Account Activity

Complete an account table for each account required.

Account 1		
Account Currency ☐ CAD ☐ USD	**Transit #**	**Account #**
Purpose of Account Select one ☐ General Operations ☐ Investment ☐ Holding Company	**Anticipated Activity** Select all that apply ☐ Cash on Deposit > $30,000/month ☐ Total Incoming / Outgoing Wires > $30,000/month ☐ Negotiable Items on Deposit > $50,000/month ☐ N/A	**Initial Deposit** Select all that apply ☐ Cash in Excess of $10,000 ☐ Wires in Excess of $50,000 ☐ Negotiable Item in Excess of $50,000 ☐ N/A **Source of Initial Deposit** Select all that apply ☐ Family ☐ Foreign Exchange ☐ Inheritance ☐ Deposit/Investment with RBC: ☐ Business ☐ Personal ☐ Deposit/Investment with Other FI's: ☐ Business ☐ Personal ☐ Lottery ☐ Personal Income ☐ Proceeds from Existing Business ☐ Sale of Existing Business ☐ Severance ☐ Venture Capital
Will this account be used by or on behalf of a third party? ☐ Yes ☐ No		

Account 2

Account Currency	Transit #	Account #
CAD USD		

Purpose of Account	Anticipated Activity	Initial Deposit
Select one General Operations Investment Holding Company	Select all that apply Cash on Deposit > $30,000/month Total Incoming / Outgoing Wires > $30,000/month Negotiable Items on Deposit > $50,000/month N/A	Select all that apply Cash in Excess of $10,000 Wires in Excess of $50,000 Negotiable Item in Excess of $50,000 N/A **Source of Initial Deposit** Select all that apply Family Foreign Exchange Inheritance Deposit/Investment with RBC: Business Personal Deposit/Investment with Other FI's: Business Personal Lottery Personal Income Proceeds from Existing Business Sale of Existing Business Severance Venture Capital

Will this account be used by or on behalf of a third party? Yes No

For Internal Use

Administration

Standard Industry Code (SIC)	Statutory Report Codes (SRC)	Business Segmentation Code (BSC)

Responsibility Transit (if applicable)	**Account Manager Number** (if applicable)

Notes: If account(s) will be used by or on behalf of a third party, complete form 2713.
If the Business has Directors, complete a Form 218 to record the names and occupations of the Directors.