



Small Business Account Application

Business Information	
Business Legal Name	Trade Name (if applicable)
Date Business was Established	Preferred Language <input type="checkbox"/> English <input type="checkbox"/> French
Business Structure (i.e. Corporation/Partnership, Formal Trust)	
Place of Incorporation Issuance (for Incorporated Organizations only)	
Incorporated in: <input type="checkbox"/> Canada - OR - <input type="checkbox"/> United States, Specify State <input type="checkbox"/> Federally <input type="checkbox"/> Mexico <input type="checkbox"/> Provincially <input type="checkbox"/> Europe <input type="checkbox"/> Elsewhere: Specify Country	
Registered Corporation Number:	
Describe Primary Activity of the Business (e.g. Retail Donut Shop, Wholesale Flower Distributor, Importer of Agricultural Supplies)	
Operations in Other Countries Does the Organization conduct business with companies/individuals located outside of Canada? <input type="checkbox"/> Yes <input type="checkbox"/> No - OR - Does the Organization have operations located outside of Canada? <input type="checkbox"/> Yes <input type="checkbox"/> 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 Name: Phone: Email:		Alternate Contact Name: Phone: Email:	

Business Ownership

Name of Business Owner 1	Name of Business Owner 2
% Ownership	% Ownership

Business Owner 1

RBC Client Card # (if an RBC client)		Preferred Language <input type="checkbox"/> English <input type="checkbox"/> French	
Salutation <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Dr.		Gender <input type="checkbox"/> Male <input type="checkbox"/> 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	

Business Owner 2

RBC Client Card # (if an RBC client)		Preferred Language <input type="checkbox"/> English <input type="checkbox"/> French	
Salutation <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Dr.		Gender <input type="checkbox"/> Male <input type="checkbox"/> 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	

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 <input type="checkbox"/> English <input type="checkbox"/> French
Salutation <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Dr.		Gender <input type="checkbox"/> Male <input type="checkbox"/> 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/State:
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/State:
Personal Contact Information (Optional)		
Home Phone	Cellular Phone	Email

Authorized Signing Officer 2		
RBC Client Card # (if an RBC client)		Preferred Language <input type="checkbox"/> English <input type="checkbox"/> French
Salutation <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Dr.		Gender <input type="checkbox"/> Male <input type="checkbox"/> 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 <input type="checkbox"/> English <input type="checkbox"/> French	
Salutation <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Dr.	Gender <input type="checkbox"/> Male <input type="checkbox"/> 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/State:
Personal Contact Information (Optional)		
Home Phone	Cellular Phone	Email

Account Activity

Complete an account table for each account required.

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

Account 2		
Account Currency <input type="checkbox"/> CAD <input type="checkbox"/> USD	Transit #	Account #
Purpose of Account Select one <input type="checkbox"/> General Operations <input type="checkbox"/> Investment <input type="checkbox"/> Holding Company	Anticipated Activity Select all that apply <input type="checkbox"/> Cash on Deposit > \$30,000/month <input type="checkbox"/> Total Incoming / Outgoing Wires > \$30,000/month <input type="checkbox"/> Negotiable Items on Deposit > \$50,000/month <input type="checkbox"/> N/A	Initial Deposit Select all that apply <input type="checkbox"/> Cash in Excess of \$10,000 <input type="checkbox"/> Wires in Excess of \$50,000 <input type="checkbox"/> Negotiable Item in Excess of \$50,000 <input type="checkbox"/> N/A Source of Initial Deposit Select all that apply <input type="checkbox"/> Family <input type="checkbox"/> Foreign Exchange <input type="checkbox"/> Inheritance <input type="checkbox"/> Deposit/Investment with RBC: <input type="checkbox"/> Business <input type="checkbox"/> Personal <input type="checkbox"/> Deposit/Investment with Other FI's: <input type="checkbox"/> Business <input type="checkbox"/> Personal <input type="checkbox"/> Lottery <input type="checkbox"/> Personal Income <input type="checkbox"/> Proceeds from Existing Business <input type="checkbox"/> Sale of Existing Business <input type="checkbox"/> Severance <input type="checkbox"/> Venture Capital
Will this account be used by or on behalf of a third party? <input type="checkbox"/> Yes <input type="checkbox"/> No		

▼ For RBC 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.