

FINTRAC Information Record Form

V.Oct.2023

Telpay Incorporated is a Money Service Business (MSB) and is subject to the Proceeds of Crime (Money Laundering) and Terrorist Financing Act and its associated Regulations of the Financial Transactions and Reports Analysis Centre of Canada (FINTRAC). As part of our FINTRAC regulatory obligations, we are required to confirm the existence of, and ascertain the name and address of, every corporation or other entity (e.g., partnership) on whose behalf we conduct a transaction, as well as the names of its directors.

IMPORTANT

As per FINTRAC's Know Your Customers regulatory requirement, Telpay is required to collect, verify and validate the identity of Authorized Primary Users and Signing Officers who will be responsible for submitting payments on behalf of the corporation or other entity (hereinafter referred to as "the Company") using Telpay's payment software. This includes the listed individuals date of birth and home address. Any information collected and stored will only be shared with FINTRAC. Telpay's customer information and data storage meet all PIPEDA (Personal Information Protection and Electronic Documents Act) regulations.

In order to finalize your Telpay application, this completed FINTRAC Information Record Form must be emailed to trust@telpay.ca after a Telpay ACCESS number has been assigned to the Company.

	NFORMATION (section must be	e completed)
AS SUBMITTED IN THE TELPAY FO *Required	DR BUSINESS APPLICATION	
Business Legal Name*	Bus	siness Address, City, Province, Postal Code* (PO Box Address Not Accepted)
Nature of Business (Industry Type	3)*	
 Telpay Access Number – a 7-Digit	Number found in confirmation email	sent to the Primary User(s) and Signing Officer(s)
Business Type:* (Business Str	ructure)	
Corporation	Partnership	
Not-for-profit/registered	charity Sole Proprietorship	Other:
SECTION B: PRIMARY US AS SUBMITTED IN THE TELPAY FO	SER(S) (section must be completed DR BUSINESS APPLICATION	
		sible for making and submitting payments to Telpay . each listed individual. Missing information will not be accepted.
NOTE: Wast include date		act instea maintabal. Wissing injormation will not be accepted.
Full Name	Date of Birth (YYYY/MM/DD	Home Address, City, Province, Postal Code*
Full Name	Date of Birth (YYYY/MM/DD	Home Address, City, Province, Postal Code*
Full Name	Date of Birth (YYYY/MM/DD	Home Address, City, Province, Postal Code*
Full Name	Date of Birth (YYYY/MM/DD	Home Address, City, Province, Postal Code*
Full Name	Date of Birth (YYYY/MM/DC	•)* Home Address, City, Province, Postal Code*





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SECTION C: OWNERSHIP (section must be completed)

List Owner(s) who control 25% or more of the Company.

- Where another entity is an Owner of the business does any individual through ownership of another business own 25% or more of the business? In this instance, please list the entity and individual owners of that business;
- If there are no individuals who own more than 25% of the entity please provide the name of a senior managing officer of the entity;
- If the entity is a non-for profit or charity please supply the name of a senior managing officer of the entity.
- Must provide complete information for each owner or managing officer listed.

*NOTE: Must include home address of each listed individual. Missing information will not be accepted. **NOTE: Indicate Direct or Indirect ownership

Full Name	% of ownership	Ownership**	Date of Birth	Home Address, City, Province, Postal Code*
	% of ownership	Ownership**	Date of Birth	Home Address, City, Province, Postal Code*
- Full Name	% of ownership	Ownership**	Date of Birth	Home Address, City, Province, Postal Code*
Full Name	% of ownership	Ownership**	Date of Birth	Home Address, City, Province, Postal Code*
Full Name	% of ownership	Ownership**	Date of Birth	Home Address, City, Province, Postal Code*
Full Name	% of ownership	Ownership**	Date of Birth	Home Address, City, Province, Postal Code*
List individuals who are	DR(S) (section must be comple current Director(s) of th is required to list addition	ie Company		nit on separate sheet.

Full Name	 Full Name
Full Name	 Full Name
Full Name	 Full Name
Full Name	 Full Name
- Full Name	 Full Name
Full Name	 Full Name
	 Full Name



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SECTION E: FINTRAC DECLARATIONS (section must be completed) *Required
PEP/HIO 1. Are individuals listed above or transacting using Telpay's Payment Services Politically exposed Person (PEP) or Head of International Organization (HIO)?* NOTE: A PEP or HIO is a person who holds a senior government elected or appointed office/position. These are prominent positions that typically come with the opportunity to influence decisions and the ability to control resources. Yes No If yes, please list the individuals who may be a PEP or HIO:
THIRD-PARTY
2a). Does an Accountant or Bookkeeper use the payment service to conduct financial transactions on behalf of the Company?*
2b). Is there a third-party (entity or individual) who instructs the Company to conduct an activity or financial transaction on their behalf?*
If answered yes, complete the following: NOTE: If there are multiple third-party(ies) relationships for this Company, please contact Telpay at onboarding@telpay.ca.
i) Third-Party's relationship(s) with the Company is: Agent Legal Counsel Broker Consultant Customer
Other
ii) Third-Party Information: (indicate if it is an entity or individual and provide relevant information): *
Entity's Name or Individual's Full Name
Entity's Nature of Business or Individual's Occupation Entity's Corporation Number or Individual's Date of Birth (YYYY/MM/DD)
Entity's Business Address, City, Province, Postal Code or Individual's Home Address, City, Province, Postal Code



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	an MSB if you are in business in Canad ng, issuing or redeeming money orders,		
Reports Analysis Centre of C in Precious Metals or Stones	anada (FINTRAC). This includes the follow	ing: Accountants, agents of the Crown, C iies, Brokers and Agents, Money Service I	sactions to the Financial Transactions and Casinos, British Columbia Notaries Dealers Businesses, Real Estate, Securities Dealers.
lf yes, please indicate	what RE classification:		
SECTION F: AUTHORIZE AS SUBMITTED IN THE TE	D SIGNING OFFICER(S) LPAY FOR BUSINESS APPLICATIO	DN	
List one or two individuals	who are the current Signing Off e address of each listed individue		
List one or two individuals	e address of each listed individu		be accepted.
List one or two individuals *NOTE: Must include hom	e address of each listed individu	al. Missing information will not	be accepted.
List one or two individuals *NOTE: Must include hom Full Name	e address of each listed individue Date of Birth (үүүү/мм/dd)	al. Missing information will not Home Address, City, Province, Postal	be accepted.
List one or two individuals *NOTE: Must include hom Full Name Signature	e address of each listed individue Date of Birth (YYYY/MM/DD) Date	Al. Missing information will not Home Address, City, Province, Postal Phone Number	be accepted.
List one or two individuals *NOTE: Must include hom Full Name Signature	e address of each listed individue Date of Birth (YYYY/MM/DD) Date Date Date Date	Al. Missing information will not Home Address, City, Province, Postal Phone Number Home Address, City, Province, Postal	be accepted.

I/We warrant that all information on this form is correct and I/we authorize Telpay to rely on this information in the provision of its services to our Company. On behalf of the Company, I/we warrant that the signing officers listed above are responsible for all transactions submitted by the Company for processing by Telpay.