

THIRD PARTY INFORMATION FORM



14th Floor – 888 Dunsmuir Street, Vancouver, BC V6C 3K4
 Phone: 604-683-2881 Fax: 604-683-5110
 Toll Free: 1-800-663-0324
 www.peoplestrust.com

Customer Number(s)	Account Number
(For Office Use Only)	

PRIMARY APPLICANT INFORMATION:

Name			
Address	City	Province	Postal Code

JOINT APPLICANT INFORMATION:

Name			
Address	City	Province	Postal Code

THIRD PARTY DETAILS:

Name of Third Party	D.O.B. (DD/MM/YY)		
Civic Address	City	Province	Postal Code
Occupation/Principal Business	Relationship to Registered Owners		
Incorporation Number <i>(if applicable)</i>	Place of Incorporation <i>(if applicable)</i>		

THIRD PARTY DETAILS:

Name of Third Party	D.O.B. (DD/MM/YY)		
Civic Address	City	Province	Postal Code
Occupation/Principal Business	Relationship to Registered Owners		
Incorporation Number <i>(if applicable)</i>	Place of Incorporation <i>(if applicable)</i>		

DECLARATION

By signing this Information Form, the undersigned declares that the information provided herein is true and correct.

Authorized Signatory:

Signature _____ Date _____

Print Name _____ Title _____

After completing this form, send it together with your application to:

Peoples Trust Company
 1400 – 888 Dunsmuir Street, Vancouver, BC V6C 3K4