

THIRD PARTY INFORMATION FORM



Suite 1400-888 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 (if applicable)	Place of Incorporation (if applicable)		

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 (if applicable)	Place of Incorporation (if applicable)		

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
Suite 1400-888 Dunsmuir Street, Vancouver, BC V6C 3K4