



COMPLETION OF DEEDS
BY APPLICANT (REGULATED BY THE FINANCIAL SERVICES AUTHORITY)
AND APPLICANT'S SOLICITOR (UNREGULATED)
(See registered General only)

F51-200A

Agency code: _____ Date of completion: _____ U.S. Agent: _____ Agent registration number: _____ Address: _____
Country: _____
Solicitor: _____ Solicitor for use in Canada: _____ English language: _____

For a new application or the extension of an existing, the form is mandatory for:
 All new regulated entities (except those already covered by registered number 1 of a FTR application)
 All foreign persons providing services (FTR)
 All financial institutions (including non-financial institutions, and derivatives of FTR)
 If listed in certain financial information systems (including FTR listed financial institutions (FTR))
 This individual, complete sections 1, 3, 4, 5, and 7. If there is a long-term partner of FTR/US/Other, you also complete section 6.
 This corporation or other entity, complete sections 1, 4, 5, 6, and 7. It is not necessary to apply for protection from a long-term partner of FTR/US/Other, you also complete section 6.
 This person being an applicant of FTR/US/Other, including or on behalf of an individual, and understood to be an agent listed in (a), (b), or (c) above, complete only the following sections: 1, 2, 3, 10, 11, 12, and 14. Please contact the firm with the previous applicant.

I. COMPLETE THIS SECTION

- 1. Information about the applicant**
 a) Name of applicant: _____ (if type of name: _____)
 Address (not only a P.O. box number): _____
 Principal occupation or business (be specific, the word "general" terms such as "broker" or "holding company" are not sufficient): _____
 Fully completed by an individual applicant/owner only. The following question is for the purpose of compliance with Part 9.5, Foreign Account Tax Compliance Act (FATCA) reporting rules.
 Is the applicant/owner a U.S. citizen or U.S. resident for U.S. tax purposes? No Yes
 If "yes," please provide a U.S. Tax Identification Number (TIN) or Social Security Number (SSN) _____
- 2. Person paying the premium**
 Is the person paying the premium different from the applicant/owner? No Yes (if "yes," provide the following information.)
 Name of person paying the premium: _____
- 3. Non-Party Administrator**
 Is the applicant/owner acting as the administrator of an additional individual or entity? No Yes
 If "yes," collect the following information:
 Individual acting as administrator No Yes (provide the following information):
 Name of third party: _____ (if type of name: _____)
 Relationship to applicant/owner: _____
 Address (not only a P.O. box number): _____
 Principal occupation or business (be specific): _____
 Tax identification or tax authority number: _____ (tax authority number) _____ (type of incorporation) _____
- 4. For individual savings and retirement only - Please not checked unless of the business relationship**
 Being for retirement savings Being for other investments Being for commercial equipment
 Being for other purposes (be specific): _____

II. COMPLETION OF DEEDS FOR INDIVIDUAL APPLICANT OWNER

Title is an agent, principal, agent or agent's nominee in the government trust structure (trust is irrevocable)
Name the following: Type of distribution instrument: _____ Document number: _____
Date of issue: _____ Entry date: _____

