

**Identification Verification Form (IVF)
AGENCY AGREEMENT
AND
AGENT EXAMINATION OF IDENTIFICATION FORM**

APPLICANT NAME(S): _____

To: STREET CAPITAL BANK OF CANADA (“Street”)

I, _____ hereby agree to act as your agent for the purpose of client identification and verification. I confirm that I have been advised that I must apply Street’s client identification and verification requirements and standards (which have been provided to me in the attached Appendix A) and I confirm I have read and understand these requirements.

I hereby, in such capacity, certify that I have personally met with the Applicant and examined the original copy of their **valid and current** identification document from the list in Appendix A, which includes a photograph and was issued by a federal, territorial or provincial government. I have recorded below the following information for each applicant as borrower, guarantor and/or third party.

Customer Certification

Full Name		Lender Reference Number	
Full name as will be used on the title registration if different from above			
Property Address			
Will the property be owner occupied	Yes <input type="checkbox"/> No <input type="checkbox"/>		
	If “No” include address of where the borrower will reside below		
	Street #	Street name & direction	Unit no. City Province Postal Code
Date of Birth: Day _____ Month _____ Year _____		Occupation: <input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Unemployed Job Title: _____ Refer to Appendix A for guidance	
Employer Name or your Business Name (if Self Employed):			
Home #:	Work #:	Cell #:	Email Address:

Identification viewed from Appendix A

Type:	#	Expiry:
Name as appears on ID		Place of Issue:
Last Name	First Name	

POLITICALLY EXPOSED FOREIGN PERSON (PEFP) OFFICIAL CERTIFICATION:

You certify that you made the following enquiry of the customer:

Have you or a member of your “immediate family” ever held one of the following positions in or for a foreign country (circle any or all that apply):

- a head of state or government;
- a member of the executive council of government or member of a legislature;
- a deputy minister (or equivalent);
- an ambassador or an ambassador’s attaché or counselor;
- a military general (or higher rank);
- head of a state owned company or bank;
- a head of government agency;
- a judge; or
- a leader or president of a political party in a legislature.

Immediate Family of a PEFP includes:

- Father
- Mother
- Child
- Sibling (Brother, Sister, Half-Sibling, Step-Sibling, Adoptive Sibling)
- Spouse or Common-Law Partner
- Spouse’s or Common-Law Partner’s Mother or Father

Name of person holding this position: _____
 Position description: _____
 Relationship to the customer: _____

POLITICALLY EXPOSED DOMESTIC PERSON (PEDP) OFFICIAL CERTIFICATION:

You certify that you made the following enquiry of the customer:

Have you or a member of your "immediate family" ever held one of the following positions in or for Canada, or a province or territory (circle any or all that apply):

- Governor General, lieutenant-governor or head of federal or provincial government
- member of the Senate or House of Commons or member of a provincial legislature
- deputy minister of federal or provincial government or equivalent rank
- ambassador, or attaché or counsellor of an ambassador
- military officer with a rank of general or above
- president of a corporation that is wholly owned directly by the Crown in right of Canada or a province
- head of a federal or provincial government agency
- judge of an appellate court in a province, the Federal Court of Appeal or the Supreme Court of Canada
- leader or president of a political party represented in a legislature
- mayor

- Immediate Family of a PEDP includes:
- Father
 - Mother
 - Child
 - Sibling (Brother, Sister, Half-Sibling, Step-Sibling, Adoptive Sibling)
 - Spouse or Common-Law Partner
 - Spouse's or Common-Law Partner's Mother or Father

Name of person holding this position: _____
 Position description: _____
 Relationship to the customer: _____

THIRD PARTY DETERMINATION:

Will the property be held on behalf of, or for the benefit of, someone other than the borrowers/guarantors?

Yes No

Will any individual or entity provide instructions/direction on the mortgage account other than the borrowers/guarantors?

Yes No

If answered yes for either of the above, complete the Third Party Information Certification Form contained at Appendix B and return it to Street Capital with the IVF.

NOTE: Renters are not considered third parties if the subject property is purchased or held as an investment property.

Print Full Name of Applicant

Signature of applicant

X

Date

If the Applicant(s) have answered "yes" to either of the questions listed under "Third Party Determination" above, particulars of any third party are to be included in the attached Appendix B Third Party Information Form.

Certification

The identification provided from the above individuals is original, current and valid and has been verified by me in accordance with the Proceeds of Crime (Money Laundering) and Terrorist Financing Regulations of Canada and the requirements of Street as stated above.

Dated at _____ on this _____ day of _____, 20_____

PRINT NAME OF VERIFYING PERSON

SIGNATURE OF VERIFYING PERSON

TITLE OR POSITION

LAW FIRM NAME / EMPLOYER

Appendix A
Agents Guide to Completing the IVF

In order to satisfy Canadian anti-money laundering regulations governing the opening of mortgage accounts, Street requires the solicitor/notary/agent to confirm having met with and verified the identity of the borrower(s) and if applicable, the guarantors and/or any third parties. One IVF must be completed for each individual involved in the transaction. By signing the IVF the solicitor/notary/agent is agreeing in writing to act as Street's agent for the purposes of Street's fulfillment of its identification requirements pursuant to applicable legislation.

This verification is to be made in person, with one piece of personal identification that has been issued by a Canadian federal, territorial or provincial government agency. A valid foreign passport is the only non-Canadian document that will be accepted. No other form of identification, other than what is listed below, is acceptable. All identification must be original, current, valid, legible and not substantially damaged. The documentation also has to be reviewed by the agent to ensure there are no signs that it has been forged or falsified in any way.

All identification must include the name and photograph of the individual being identified.

Type of Card or Documents	Issuing Jurisdiction
Passport	Canada or Foreign Government
Permanent resident card	Canada
Citizenship card (issued prior to 2012)	Canada
Secure Certificate of Indian Status	Canada
Driver's Licenses	
British Columbia Driver's Licence	British Columbia
Alberta Driver's Licence (aka Alberta Operators Licence)	Alberta
Saskatchewan Driver's Licence	Saskatchewan
Manitoba Driver's Licence	Manitoba
Ontario Driver's Licence	Ontario
Québec Driver's Licence	Québec
New Brunswick Driver's Licence	New Brunswick
Nova Scotia Driver's Licence	Nova Scotia
Prince Edward Island Driver's Licence	Prince Edward Island
Newfoundland and Labrador Driver's Licence	Newfoundland and Labrador
Yukon Driver's Licence	Yukon
Northwest Territories Driver's Licence	Northwest Territories
Nunavut Driver's Licence	Nunavut
The DND 404 Driver's Licence	The Department of National Defence
Provincial or territorial identity cards	
British Columbia Enhanced ID	British Columbia
Alberta Photo Identification Card	Alberta
Saskatchewan Non-driver photo ID	Saskatchewan
Manitoba Enhanced Identification Card	Manitoba
Ontario Photo Card	Ontario
New Brunswick Photo ID Card	New Brunswick
Nova Scotia Identification Card	Nova Scotia
Prince Edward Island Voluntary ID	Prince Edward Island
Newfoundland and Labrador Photo Identification Card	Newfoundland and Labrador
Yukon General Identification Card	Yukon
Northwest Territories General Identification Card	Northwest Territories
Nunavut General Identification Card	Nunavut
Nexus Card	Canada or the United States of America
Provincial Health Cards	
Provincial Health Insurance Card issued in British Columbia	British Columbia
Provincial Health Insurance Card issued in New Brunswick	New Brunswick
Provincial Health Insurance Card issued in Quebec, if the individual volunteers when asked for identification	Quebec

NOTE 1: Legislative restrictions prohibit Street Capital from collecting or recording Government Health Insurance Card numbers in the provinces of Ontario, Nova Scotia, Manitoba or Prince Edward Island.

NOTE 2: Government of Canada or Provincial or Municipal Government employment ID cards are not acceptable forms of identification for this purpose. These identification forms are considered employer ID's and not government issued ID's.

Type of Occupation/Job Title

Information about a customer's business or occupation must be as descriptive as possible. For example, in the case of a consultant, the occupation recorded should reflect the area of consulting, such as "information technology consultant". As another example, in the case of a professional designation, the occupation should reflect the nature of the work, such as "electrical engineer" or "family physician". Typical examples include:

- If a customer advises the occupation is "professional", document what profession in particular (e.g. accountant, doctor, lawyer, etc.)
- If a customer advises they are a consultant, document as to what business or area
- If a customer is retired, document the customer's occupation prior to retirement
- If a customer is unemployed, document the customer's previous profession or occupation

Additional Documentation Requirements

1. The Third Party Information Form contained in [Appendix B](#) must be completed if you become aware the property or mortgage or funding is to benefit a third party.
2. If the borrowers name on the Commitment does not match the borrower's legal name that will be used on title a statutory "One And the Same Declaration" must be provided.

**Appendix B
Third Party Information Form**

APPLICANT NAME(S): _____

INFORMATION ABOUT THE THIRD PARTY :			
Full Name:			
Address:			
City:		Province:	
Country:		Postal Code:	
Date of Birth: Day _____ Month _____ Year _____		Occupation: <input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Unemployed Type of Occupation: _____	
Home #:	Work #:	Cell #:	Email Address:
Employer Name or your Business Name (if Self Employed):			
Employer/Business Address:		City:	
Country:		Postal Code:	
<p>What is the relationship between the registered owner of the property on closing (the applicant) and the Third Party?</p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Borrower <input type="checkbox"/> Employee <input type="checkbox"/> Friend <input type="checkbox"/> Relative <input type="checkbox"/> Trustee <input type="checkbox"/> Power of Attorney <input type="checkbox"/> Other (specify) _____</p> <p>Additional Comments:</p> <p>_____</p> <p>_____</p>			

Identification viewed from Appendix A

Type:	#	Expiry:
Name as appears on ID		Place of Issue:

Print Full Name of Applicant	
Signature of applicant X	Date
Print Full Name of Third Party	
Signature of Third Party X	Date
Print Full Name of Closing Solicitor	
Law Firm Name	Title or Position
Signature of Closing Solicitor X	Date