

# FAX COVER SHEET (NBC Contact form)



<b>FROM :</b>		<b>Company Name:</b>	
Advisor Name	The B.I.T.E Team Ltd	Office Number or Code (Optional)	CAFI 0055
		Advisor's Phone #	604-807-7470
<b>SENT BY (as applicable)</b>			
Name:	Ray Johnson	Telephone Number	604-807-7470
		Fax Number	1-604-846-5710

<b>TO:</b>		<b>National Bank of Canada – Advisor Banking Centre</b>	
Attention:		Telephone Number	1-800-901-0172
		Fax Number	1-888-307-2997

<b>SUBJECT</b>	
<b>Banking referral for:</b>	
Applicant Name	Co-Applicant Name

What product is the client interested in or considering? <input type="checkbox"/> All-in-One banking (Home Equity LOC) <input type="checkbox"/> Traditional Mortgage Loan(s) <input type="checkbox"/> Integrated AIO & Mortgage Loan(s) <input type="checkbox"/> Other: _____	What is the nature of the potential transaction? <input type="checkbox"/> To Purchase a new property <input type="checkbox"/> To refinance an existing property <input type="checkbox"/> Other: _____
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- Checklist before sending contact form:**
- Header Section
- Distributor name completed (Company that NBC has signed a distribution agreement with eg. MGA/IIROC/MFDA firm name)
  - Advisor's name is completed
- Applicant Section
- Applicant section completed (Full name, salutation, Postal Code & at least 1 contact number)
  - 2 pieces of valid original IDs of the Applicant have been seen & the information transcribed in the appropriate place (N.B. Health cards are not acceptable for Ontario, Manitoba & Prince Edward Island)
  - Applicant has signed the form
- When a Co-Applicant is present (N.B. all owners of the property to be mortgaged will need to be on the application):
- Co-Applicant section completed (Full name, salutation, Postal Code & at least 1 contact number)
  - 2 pieces of valid original IDs of the Applicant have been seen & the information transcribed in the appropriate place (N.B. Health cards are not acceptable for Ontario, Manitoba & Prince Edward Island)
  - Co-Applicant has signed the form
- Signatures & Completed By:
- Applicant has signed the form
  - Co-Applicant has signed the form (when applying)
  - Advisor has signed the form
  - Dates have been entered in each signature section (Dates must be the same)

Additional Comments or Notes about this referral:

**CONFIDENTIALITY NOTICE / AVIS DE CONFIDENTIALITÉ**

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**CONTACT FORM**

Fax to NBC at 1-888-307-2997

Name of Distributor (Eirm. Head office Name) <i>The RITE Team Ltd</i>	Advisor Name <i>Ray Johnson</i>	Dealer-Rep.# / Advisor # <i>CAF/0055</i>
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APPLICANT INFORMATION			
Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Best Time to Call <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Evening		Best Number to Call <input type="checkbox"/> Home <input type="checkbox"/> Office <input type="checkbox"/> Other
Language: <input type="checkbox"/> Eng <input type="checkbox"/> Fr			
Last Name	First Name	E-mail	
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.			
Postal Code (Required)	Home Number	Office Number	Other (Cell, Pager etc.)

Applicant Identification		
1 - Type of Document	Source (Place of Issue)	Document Number
2 - Type of Document	Source (Place of Issue)	Document Number

CO-APPLICANT INFORMATION			
Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Best Time to Call <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Evening		Best Number to Call <input type="checkbox"/> Home <input type="checkbox"/> Office <input type="checkbox"/> Other
Language: <input type="checkbox"/> Eng <input type="checkbox"/> Fr			
Last Name	First Name	E-mail	
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms.			
Postal Code (Required)	Home Number	Office Number	Other (Cell, Pager etc.)

Co-Applicant Identification		
1 - Type of Document	Source (Place of Issue)	Document Number
2 - Type of Document	Source (Place of Issue)	Document Number

**CONTACT FORM TERMS AND CONDITIONS**

**DEFINITIONS:** In the Contact Form above; the following Terms and Conditions; and the Sections "Agreement and Signatures" and "Completed By" below, are defined as the following.

"Applicants" designates the individual(s) noted as such above, collectively and individually, as applicable, in respect of whom the Distributor is providing contact information to the Bank. "Bank" designates National Bank of Canada, its successors and assigns as well as all its subsidiaries. "Distributor" designates the company indicated in the field above "Name of Distributor". "Advisor" means any person authorized by the Distributor to refer the services of the Bank.

**COLLECTION, USE AND COMMUNICATION OF PERSONAL INFORMATION** (In the following sections, the term "I", "me", "my" & "myself" refers to the Applicants)

i) **Collection:** The Bank and the Distributor collect information of a personal nature in order to enable the Bank and the Distributor to understand and meet my needs, to determine my eligibility for the various products and services of the Bank and the Distributor and to protect my interests and those of the Bank and the Distributor. I agree to provide the Bank and the Distributor with the necessary information about myself for the purposes mentioned in the previous sentence and I authorize the Bank and the Distributor to obtain personal information about myself from any person likely to have such information (credit reporting and assessment agencies, financial institutions, security registration offices, securities regulatory agencies, employers, professionals and individuals given as references). In addition, I authorize the Bank and the Distributor to exchange between themselves (where legislation permits), my personal information for the purposes mentioned herein.

ii) **Use and communication:** The personal information collected by the Bank and the Distributor is required in order to provide me with the products and services that I may request and may be used and communicated for the following purposes: a) to determine my financial situation and my eligibility for the various products and services that I may request, including any features related to such products and services, as well as to check the accuracy of the information provided; b) to provide to me the various products and services that I may request, and to enable the Bank and the Distributor to conduct their activities, including for statistical purposes, or to measure the quality of their customer service and to that matter the Bank and the Distributor may, from time to time, monitor and record the telephone conversations held with me; c) to convey it to any person working for or with the Bank or the Distributor, including their respective suppliers and mandataries or agents, to the extent necessary to provide me with the products and services that I may request; d) to facilitate my identification, to distinguish me from the Bank's and the Distributor's other clients and to identify me to any credit reporting and assessment agencies, financial institutions, security registration offices, securities regulatory agencies, employers, professionals and individuals given as references; e) to protect me against error or fraud; f) to enable the Bank and the Distributor to comply with applicable legislation such as the Proceeds of Crime (Money Laundering) and Terrorist Financing Act and the Bank Act; g) to provide for continuity of service in the event of any transfer, sale or assignment of my product or service to another provider of products or services; and h) to convey my credit file to credit reporting and assessment agencies, credit product insurers or other lenders in order to maintain the integrity of the credit granting process, as applicable.

I expressly authorize the Bank and the Distributor to use and communicate the information for the purposes stated above.

I authorize the Bank and the Distributor to keep the information collected for the purposes stated above for as long as needed, even if I am no longer a client of the Bank or the Distributor. I acknowledge that I can also have access to my personal information and correct it, if needed, by communicating with the Bank and the Distributor in the same manner as mentioned below. In addition, I will advise the Bank and the Distributor as soon as possible of any changes related to my personal information for purposes of updating their files. The Bank and the Distributor are authorized to rely and act upon my personal information contained on file as long as the Bank and the Distributor have not been advised of any changes to such personal information. If I fail to advise the Bank and the Distributor of any changes to this information, I will not hold the Bank and the Distributor responsible for any damage that I may incur.

I may obtain more information with respect to the Bank's and the Distributor's privacy policies by reading their privacy policies available on their respective websites or by communicating with the Bank by calling 1-866-444-1379, or by communicating with the Distributor.

**COMPENSATION DISCLOSURE:** I acknowledge that the Bank may pay referral compensation for products and services supplied by the Bank to myself as a result of a referral by the Distributor. The amount of the compensation and how it is calculated will depend on the product or service and will be based on a percentage of the balances in the product or service or the revenue generated from my use of the product or service or a fixed fee or a combination of these methods. The actual amount of the compensation will vary from time to time depending on the Bank's promotions for sales of products or services. For more information in respect to the compensation received in connection with any product supplied to me, I can contact my representative directly.

**RELATIONSHIP:** I acknowledge that I have been advised that the Bank and the Distributor are not related parties and that the Bank is the manufacturer of the product or the provider of service for which I am applying.

**AGREEMENT AND SIGNATURES**

I / We hereby consent to the release of the personal information contained in this Contact Form to the Bank for the purpose of the Bank contacting me / us to discuss the products or services of the Bank. I / We acknowledge having read the CONTACT FORM TERMS AND CONDITIONS and agree to be bound by them. In addition, I / We attest that the information provided above is accurate and give my consent and authorization with respect to their personal information.

	Date (YYYY-MM-DD)
Applicant's Signature <input checked="" type="checkbox"/>	
Co-Applicant's Signature <input checked="" type="checkbox"/>	

COMPLETED BY (Must be signed and dated at the same time as applicant(s))	
By signing this section, the Advisor acknowledges and confirms to the Bank that he/she has duly identified the Applicant and Co-Applicant and certifies that the signatures above were executed before him/her.	Date (YYYY-MM-DD)
Advisor's Phone #: <i>604-807-7470</i>	Advisor's e-mail: <i>niteam@shaw.ca</i>
Advisor's Name: (Printed) <i>The R.I.T.E Team Ltd</i>	Advisor's Signature <input checked="" type="checkbox"/> <i>Ray Johnson</i>