



Part 1: Account Holder Information

Account Holder Name: _____ Date of Birth _____ Social Insurance Number (or
 (YYYY-MM-DD) reason for not providing) _____

Owner Name *(for Sole Proprietor)* _____

Permanent Residence Address

Street and number: _____

City or Town: _____ Province or State: _____ Postal Code/ZIP Code: _____ Country _____

Mailing Address (if different than above, please complete and update our records at your nearest Branch):

Street and number: _____

City or Town: _____ Province or State: _____ Postal Code/ZIP Code: _____ Country _____

Part 2: Country(ies) of Residence Declared for Tax Purposes

Please complete sections A, B, and C confirming your country(ies) of residence for tax purposes.

You are usually a TAX RESIDENT of a country where you live but other circumstances may apply (e.g. studying/working abroad). Country(ies) where customer files/pays income tax are likely tax residency(ies).

A. Are you a tax resident of Canada?

Yes No

B. Are you a tax resident or a citizen of the United States of America?

Yes No

If yes, provide your TIN; including SSN: _____ or EIN (for Sole Proprietors): _____

A TAXPAYER IDENTIFICATION NUMBER (TIN), often referred to by its abbreviation TIN, is a unique identifier made of letters or numbers that the jurisdiction assigns to an individual (this includes SIN). The jurisdiction uses the TIN in administering its tax laws to identify the individual.

C. Are you a resident of a country other than Canada or the United States of America for tax purposes?

Yes

No

If you answered "Yes" to C above, you are required to declare all countries in which you are considered a resident for tax purposes. For each country declared, please provide your Taxpayer Identification Number (TIN), if applicable.

Country:	Taxpayer Identification Number (TIN):

**If additional space is required, please copy this page, sign and include with your package.*

Part 3: Declarations and Signature

I certify that the information given on this form is correct and complete. I will give TD Canada Trust a new form within 30 days of any change in circumstances that causes the information on this form to become incomplete or inaccurate.

Print Full Name

Signature

Capacity – Please indicate the capacity in which you are signing the form (e.g. 'Power of Attorney').

Date (YYYY-MM-DD)

Personal information is collected under the Income Tax Act to administer tax, benefits, and related programs. It may also be used for any purpose related to the administration or enforcement of the Act such as audit, compliance and the payment of debts owed to the Crown. It may be shared or verified with other federal, provincial/territorial government institutions, and foreign governments to the extent authorized by law. Failure to provide this information may result in interest payable, penalties or other actions. Under the Privacy Act, individuals have the right to access their personal information and request correction if there are errors or omissions. Refer to Info Source at www.cra.gc.ca/gncy/tp/nfsrc/nfsrc-eng.html, Personal Information Bank CRA PPU 005.