



Know Your Client (KYC) Form

Individual Personal Information

First Name: _____ Date of Birth: _____
Middle Initial: _____
Last Name: _____ Gender: Male Female

Note: If you are 65 years old or older, please complete the attached Senior Investors Addendum.

Client Address Information

Street: _____
City: _____
Province: _____
Postal/Zip Code: _____

Client Contact Information

Home Phone Number: _____
Business Phone Number: _____
Email: _____

Marital Status

Single
Married
Common Law
Divorced
Widowed

Citizenship

Canada
United States
Other
(If other please state below)

Residence

Canada
United States
Other
(If other please state below)

Personal Employment Information

Name of Employer: _____ Business Address: _____
Type of Business: _____ City: _____
Position Held: _____ Province: _____ Country: _____
Postal Code: _____

Spouse Information

First Name: _____ Name of Employer: _____
Last Name: _____ Position Held: _____
Address: _____

Dependents?

Yes
No

If yes, please state how many: _____

Income

in Canadian Dollars

	2018	2019	2020	2021 <i>expected</i>
Gross Personal Taxable Income				
+ Spousal Gross Taxable Income				
= Total Household Taxable Income				

Net Financial Assets

Net Financial Assets: Value of the financial assets owned by you and your spouse, before taxes, and net of any related liabilities.

“Financial assets” mean cash or securities which are generally liquid or relatively easy to liquidate. The value of any owned real estate property (including a personal residence) is not included in this calculation. As defined in NI 45-106.

in Canadian Dollars

Net Assets

Net Assets: Value of all assets owned by you and your spouse, before taxes, and net of any related liabilities.

Calculation of Total Assets includes value of any owned real estate property including a personal residence. The calculation of the total liabilities includes the amount of any liability in respect to real estate property held. As defined in NI 45-106.

in Canadian Dollars

		\$			\$
1	Cash		14	Total Net Financial Assets <i>(from Row 13)</i>	
2	Bonds			Fair Market Value of Non-Financial Assets:	
3	Stocks & Mutual Funds		15	Personal Residence (if owned)	
4	TFSA		16	Other Real Estate <i>(below 4 rows)</i>	
5	RRSP/RRIF		17	1)	
6	Digital/Crypto Currencies		18	2)	
7	Life Insurance Cash Surrender Value		19	3)	
8	Other- Please specify: _____		20	4)	
9	Other- Please specify: _____		21	Luxury vehicles and boats	
10	Other- Please specify: _____		22	Diamonds, Jewellery	
11	Financial Assets Total <i>(Add rows 1 to 10)</i>		23	Other- Please specify: _____	
12	Deduct: Any related liability (loans, any funds being borrowed from line of credit)		24	Assets Total <i>(Add rows 14 to 23)</i>	
13	Total Net Financial Assets <i>(Subtract value in row 12 from value in 11)</i>		25	Deduct: Total value of any outstanding liabilities such as mortgage balances against above assets (excludes row 12 values)	
	Please enter value from row 13 in next column, row 14.		26	Total Net Assets <i>(Subtract value in row 25 from value in 24)</i>	

Family, Friends and Business Associates Exemption

If this KYC is being completed in connection with an investment under the “Family, Friends and Business Associates” prospectus exemption, please complete the attached Family, Friends and Business Associates Exemption Addendum.

Risk Tolerance

a. How would you classify the stage of your lifecycle?

- Early Career
- Middle Career
- Nearly Retired
- Retired, Living off Assets

b. How much income do you have?

- I spend all my income and need to find extra cash
- My living costs are covered by income but I need additional cash for luxuries
- I have good disposable income and consistently add to my savings
- My income is large compared to my needs

c. Are you willing to see your investment fluctuate in value?

- Yes
- No

d. If the investment fell in value, when would you become concerned?

- Down 5% - 10%
- Down 10% - 15%
- Down 15% - 30%
- Down 30% - 50%
- Down Over 50%

e. What is your willingness to risk shorter term losses for the possibility of higher longer term returns?

- Very Willing
- Willing
- Unwilling
- Very Unwilling

f. What percentage of your total net savings would be invested in this financial product?

- Less than 10%
- 10% to 15%
- 15% to 20%
- 20% to 25%
- Greater than 25%

g. Investment products sold in the Exempt Market are considered high risk because:

- They are not covered by deposit or investor protection insurance;
- Regulators do not review the offering documents (e.g. offering memorandums, subscription agreements, term sheets, etc.) for completeness or accuracy;
- Issuers of exempt products may not be subject to the same ongoing disclosure obligations as public issues;
- Many exempt products are not as liquid as publicly traded securities and are subject to resale restrictions.

I own other exempt market holdings outside of FRCC, in the total amount of \$ _____.

I have borrowed \$ _____ in order to invest with FRCC.

Investment Objectives

a. What time frame do you have for this investment?

- Less than 1 year
- 1 - 2 years
- 2 - 4 years
- 5 – 10 years
- 10+ years

b. Please mark any of these items that are important to you:

- Provide for retirement
- Provide for parents' financial needs
- Provide for children's housing
- Pay off financial liabilities (student loans, lines of credit)
- Minimize estate taxes
- Other _____

c. What best describes your current investment goals?

- I don't want to lose money but I want some opportunity for modest growth
- I want growth but I am concerned about the possibility of losses
- I expect my money to grow over the long term and accept some risk
- I want maximum growth and I am comfortable with high levels of risk

Investment Information

Have you sold short?

Yes No

Average Value of Trade:
\$ _____

Average Number of Trades Per Year:

Investment Knowledge

Sophisticated Good

Limited None

Investment Knowledge

Number of years investing:

Stocks: _____

Options: _____

Securities Traded (If Applicable)

Stocks Preferred Stock

Bond Options

Commodities Rights & Warrants

Politically Exposed Foreign Person

Politically Exposed Foreign Persons (PEFP)

Do you currently hold or have you ever held either one of the following offices or positions in/or behalf of a foreign country?

- A head of state or government
- A member of the executive council, government or member of legislature
- A deputy minister (or equivalent)
- An ambassador or an ambassador's attaché or councillor
- A military general (or higher rank)
- A president of a state-owned company or bank
- A head of a government agency
- A judge
- A leader or president of a political party in a legislature

Yes

No

Domestic Politically Exposed Person (PEP)

Do you hold or have you held within the last 5 years one of the following specific offices or positions in or on behalf of the Canadian federal government, a Canadian provincial government, or a Canadian municipal government?

- Governor General, lieutenant governor or head of government
- Member of the Senate or House of Commons or member of a legislature
- Deputy minister 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 Her Majesty in right of Canada or a province
- Head of a 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; or mayor (a mayor includes the head of a city, town, village, or rural or metropolitan municipality, regardless of the size of the population)

A person ceases to be a domestic PEP 5 years after they have left office.
Have you held one of the above positions in the past five years?

Yes

No

Family Member of a PEFP or PEP

Do any of your family members hold or have they ever held any of the above listed offices or positions?

For the purpose of this inquiry family members include mother or father, child, spouse, or common law partner, spouse's or common law partner's mother, father, brother, sister, half-brother or half-sister (that is, any other child of the individual's mother or father)

Yes

No

If the answer to any of the above questions is "Yes", please identify the source of the funds:

Is this investment to be used by or on behalf of any party other than yourself?

Yes

No

Insider Status

Are you a director or officer of a publicly traded company, or owner, attorney (alone or as part of a group) of 10% or much such voting rights?

Yes

No

Anti-Money Laundering Verification

Canadian Law requires us to verify and collect certain information concerning our clients. We are also required to verify the identities and signatures of all such persons by collecting Photo ID.

Banking Information

Social Insurance Number (SIN)

Bank Name:

Bank Address:

Bank Account Number:

Bank Contact:

Identification

1. Please complete either:

- Identification Attestation Section A (if meeting in person with an employee or agent of First Republic Capital Corporation);

OR

- Identification Attestation Section B (if not meeting in person with an employee or agent of First Republic Capital Corporation)

2. This KYC form must be accompanied by a legible photocopy of the government-issued photo identification used to complete Identification Attestation Section A or Section B. The photocopy must be signed by the person who completed Section A or Section B.

Identification Attestation Section A *(See next page for Identification Attestation Section B)*

INSTRUCTIONS for completing Section A:

1. This form must be completed, in person, by an employee or agent of First Republic Capital Corporation (FRCC).

Section A

[To be completed by FRCC's employee or agent:]

Document presented (check one):

- Passport
- Driver's licence
- Other acceptable government-issued photo identify document, namely
_____ [describe document]

In the name of _____ [individual name]

Identification certificate's No. _____

Place of Issue: _____ [city, province]

Date of Expiry: _____ [document must NOT be expired]

Name of FRCC employee or agent: _____

Identification Attestation Section B

INSTRUCTIONS for completing Section B:

1. This form must be completed if you have not met in person with an employee or agent of FRCC.
2. This form must be completed and signed by one of the following persons:
 - Commissioner of Oaths
 - A judge, a magistrate or a lawyer
 - An optometrist or a pharmacist
 - A professional engineer (P. Eng., in a province other than Quebec)
 - Dentist or a medical doctor
 - A notary (in Quebec) or a notary public
 - A veterinarian
 - An accredited public accountant (APA), a chartered accountant (CA), a certified general accountant (CGA), a certified management accountant (CMA), a public accountant (PA) or a registered public accountant (RPA)

Section B

In the matter of the identification of the following person for the purposes of the *Proceeds of Crime (Money Laundering) and Terrorist Financing Act (Canada)*:

I, _____ [insert name] of _____
[insert address] as a commissioner for oaths or a guarantor (as noted below) hereby certify that I have seen the original of the following document, and signed the legible photocopy, attached hereto: (please check applicable box)

birth certificate; or

passport; or

driver's license; or

other government-issued identity document, namely _____ [describe document];

in the name of _____ [person being identified].

I further certify the following information with respect to the identity document:

1. Reference (document) number: _____
2. Place of issue: _____ [city, province, state]
3. Date of expiry: _____ [document must not be expired]

I confirm that I am attesting to the identity of the person named above in my capacity as (check one):

Commissioner of Oaths A judge, a magistrate or a lawyer An optometrist or a pharmacist

A professional engineer (P. Eng., in a province other than Quebec); A veterinarian

Dentist or a medical doctor A notary (in Quebec) or a notary public

An accredited public accountant (APA), a chartered accountant (CA), a certified general accountant (CGA), a certified management accountant (CMA), a public accountant (PA) or a registered public accountant (RPA)

(Signature of Commissioner or Guarantor)

(Date)

[If attesting as a Commissioner, please affix Commissioner's stamp if available.]

Name and Address of Commissioner/Guarantor:

Certification

Please sign the three statements below.

1. I acknowledge that investments offered by FRCC consist of speculative high risk investments.

Client Signature: X _____ **Date:** _____
dd/mm/yyyy

2. I certify that the information contained in this document is true, complete and accurately reflects my investment attitudes.

Client Signature: X _____ **Date:** _____
dd/mm/yyyy

3. I acknowledge that I have reviewed and understand the Conflict of Interest Disclosure document posted on the website of First Republic Capital Corporation at <https://www.firstrepubliccapital.com/conflict-of-interest-disclosure-document/>. Any questions or concerns about the information in this document were discussed with my dealer representative at First Republic Capital, and I am comfortable with the information provided.

Client Signature: X _____ **Date:** _____
dd/mm/yyyy

NOTES – FOR OFFICER USE ONLY.
