



RBC Royal Bank

**PERSONAL AND CONFIDENTIAL**

**Royal Bank of Canada**  
RBC® Client Information Verification  
P.O Box 4047 Stn A  
Toronto, Ontario  
M5W 9Z9  
Phone: 1-855-873-7232

[REDACTED]  
GERMANY

May 10, 2017

**URGENT: Response Required**

Case Reference ID: [REDACTED]

Dear [REDACTED]

As a federally regulated financial institution, we are required to perform ongoing reviews of our client accounts to ensure the information we have is current. During a recent review of your account, we identified a need to update your information.

**Please return the requested information no later than June 23, 2017.** Please note that if we fail to receive the requested information on or before this date, we will suspend or close your account(s) and prohibit further transactions<sup>1</sup>.

Please visit your nearest RBC branch in Canada and present two pieces of identification, one of which must be from the list below.

- Canadian Passport
- Canadian Driver's License
- Canadian Birth Certificate
- Canadian Naturalization Certificate
- Canadian Certificate of Indian Status
- Canadian Old Age Security Card
- Canadian Social Insurance Number (SIN) Card
- Canadian Citizenship Certificate
- Canadian Permanent Resident Card
- Record of Landing (IMM 1000)
- Confirmation of Permanent Residence (IMM 5292 / 5688)
- Provincial / Territorial Health Insurance Card (excluding Ontario, Manitoba, Nova Scotia, Prince Edward Island)
- Provincial / Territorial Identity Card
- Canadian Work Permit / Student Permit / Temporary Resident Permit (IMM 1442)
- The following must be accompanied by a Passport:
  - Global Affairs Canada (formerly DFATD or DFAIT) Protocol Identity Card
  - Global Affairs Canada (formerly DFATD or DFAIT) Acceptance
  - Current year provincial or municipal property tax assessment, registered in your name
  - Canadian property title search completed within the last 90 days, registered in your name

If you are unable to visit a branch in Canada, for your convenience we will accept the enclosed *RBC Agent Agreement* completed by:

- an RBC representative from any of our worldwide locations, or
- a Lawyer, Attorney, Barrister, Solicitor, or Notary Public that is proven to be in good standing with the local bar, society or association.

Please be assured that RBC takes your privacy seriously and complies with all relevant privacy rules with regard to your information.

If you have any questions or concerns, you may always reach us:

- by email at [rbcinfov@rbc.com](mailto:rbcinfov@rbc.com)
- by calling 1-855-873-7232 (if calling from within North America) or by calling collect 1-416-348-2089 (if calling from outside North America), between 8:00 a.m. and 8:00 p.m. (Eastern Standard Time), Monday to Friday, excluding holidays.
- by mail using the pre-paid envelope enclosed.

Regards,

RBC Client Information Verification

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1 "Transaction" means any transaction or activity on the account or with the product. For safe deposit boxes, "transaction" means accessing the safe deposit box.

### RBC Agent Agreement (the "Agreement")

***NOTE:*** This agreement and accompanying forms must be completed by a lawyer, attorney, barrister, solicitor or notary public in good standing, or an RBC employee. This agreement and accompanying forms cannot be completed by an embassy or consulate official acting in an embassy or consular capacity.

RBC has legal and regulatory obligations to identify its clients, including under the *Proceeds of Crime (Money Laundering) and Terrorist Financing Act* (Canada) (the "Act") and its associated Regulations. In connection with these obligations, RBC appoints the undersigned (the "Identification Agent") as RBC's agent for the sole and limited purpose, as set out in the Act and its associated Regulations, to identify the client or the authorized signatory if the client is a business.

The Identification Agent hereby accepts the appointment, and agrees to identify the client or authorized signatory if the client is a business, on behalf of RBC in accordance with this Agreement.

The Identification Agent agrees to:

1. meet personally with the client or authorized signatory;
2. examine only original, unaltered, unexpired identification documents requested by RBC;
3. fully complete the Client Identification Form (attached as Schedule A to the Agreement);
4. sign and return a complete and originally-signed copy of this Agreement, together with a completed Client Identification Form for each client or signatory (attached as Schedule A to the Agreement), to the following address:

RBC Client Information Verification  
P.O. Box 4047 Station A  
Toronto, Ontario  
M5W 9Z9

The Identification Agent acknowledges that it has no discretionary power regarding the steps needed to identify the client on behalf of RBC. The Identification Agent acknowledges it has received good and valuable consideration for the tasks required under this Agreement. The Identification Agent is prohibited from delegating its responsibilities under this Agreement.

The Identification Agent confirms he/she is a lawyer, attorney, barrister, solicitor or notary public in good standing, or an RBC employee.

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I have read and understood the terms of this Agreement. I agree to act as Identification Agent for RBC in connection with \_\_\_\_\_,  
[Name of client or authorized signatory]

and certify that I personally met with \_\_\_\_\_,  
[Name of client or authorized signatory]

and I viewed at least two pieces of original, unaltered, and unexpired identification, as described in the attached Schedule A - Client Identification Form. At least one piece of identification is government issued and bears the name and photograph of the client.

Dated this \_\_\_\_ day of \_\_\_\_\_, 20\_\_ at \_\_\_\_\_

Identification Agent Name: \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_

Permitted Occupations: (please check one)

- Lawyer/Attorney/Barrister/Solicitor in good standing
- Notary Public in good standing
- RBC Employee

**Schedule A - Client Identification Form** (Complete a separate form for each client or authorized signatory)

**CLIENT INFORMATION**

<b>FULL LEGAL NAME</b>		<b>Prefix</b> <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.	
First Name	Middle Name		
Last Name			
<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female		<b>Date of Birth</b> YYYY/MM/DD	
		<b>Correspondence Language</b> <input type="checkbox"/> English <input type="checkbox"/> French	
<b>RESIDENTIAL ADDRESS</b> (cannot be a P.O. Box)			
Street		Apt./Suite	
City		Province/State	
Postal Code/Zip Code		Country	
<b>Home Telephone Number</b>	<b>Country Code</b> ( )	<b>Area Code</b> ( )	<b>Local Number</b> <b>Extension</b>

**BUSINESS ACCOUNT**

If the client identification is being presented in connection with a business account, please provide:

Business Name
Title of Signing Officer:

**IDENTIFICATION**

Minimum two (2) pieces of identification. At least one (1) piece must be government issued with name and photograph.

1. IDENTIFICATION DETAILS (all applicable fields must be completed)	2. IDENTIFICATION DETAILS (all applicable fields must be completed)
ID Type	ID Type
Reference Number	Reference Number
Place of Issue (Province and/or Country)	Place of Issue (Province and/or Country)
Expiry Date YYYY/MM/DD (if applicable)	Expiry Date YYYY/MM/DD (if applicable)
US Place of Birth indicated? <input type="checkbox"/> Yes <input type="checkbox"/> No	US Place of Birth indicated? <input type="checkbox"/> Yes <input type="checkbox"/> No

**IDENTIFICATION AGENT INFORMATION**

Do you certify that you have personally met with the client or authorized signatory named in this Schedule?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you certify that you have viewed at least two pieces of original, unaltered, and unexpired identification, recorded in the Identification Section of this Schedule?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Profession or position</b>		<input type="checkbox"/> Notary Public	<input type="checkbox"/> RBC Employee
<input type="checkbox"/> Lawyer/Attorney/Barrister/Solicitor			
Identification Agent Name	Title		
Signature	Date YYYY/MM/DD		