



EMAIL AND/OR PHONE AMENDMENT

CLIENT INFORMATION *All fields marked * are mandatory.*

FIRST NAME*

LAST NAME*

CLIENT ID

DATE OF BIRTH (MM/DD/YEAR)*

TELEPHONE*

EMAIL*

ACKNOWLEDGEMENT OF CLIENT OR RESPONSIBLE INDIVIDUAL(S)

- The client ordinarily resides in Canada.
- The information contained in this application is correct and complete.

SIGNATURE OF CLIENT*

DATE (MM/DD/YEAR)*

OR

SIGNATURE OF RESPONSIBLE INDIVIDUAL(S)

DATE (MM/DD/YEAR)*

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