IDA Form 2

New Client Application Form

(to be completed by Registered Representative)

Account Supervision			
Office	Account		R.R.

(1) (a) Name Mr. / Mrs / Miss ..... (Please Print)

Home ..... (Street)

Address ..... (City) (Province) (Postal Code)

Phones: Home .....
Business .....
Other .....
Fax .....

Date of Birth ..... Client's Social Insurance Number ..... Client's Citizenship .....

(b) Is RR registered in the Province or Country in which the client resides? Yes ..... No .....

Type of Account Requested:
Cash ..... RRSP/RRIF ..... U.S. Funds .....
Margin ..... Other .....
D.A.P ..... Pro ..... CDN Funds .....

(2) Special Instructions: Hold in Account ..... Duplicate Confirmation ..... And/Or Statement .....

Name: .....
Address: .....
.....
..... Postal Code: .....

Register And Deliver ..... DAP .....

Name: .....
Adress: .....
.....
..... Postal Code: .....

(3) Client's Employer: Name ..... Address .....

Type of Business .....
Client's Occupation .....

(4) Family Information:
Spouse' Name .....
Occupation .....

No. of Dependents .....
Employer .....
Type of Business .....

(5) How long have you known client? ..... Advertising Lead ..... Personal Contact ..... Phone In ..... Walk In ..... Have you met the client face to face? Yes ..... No .....

Referral by: ..... (name) (if customer, give account no.) .....

(6) If yes for Questions 1, 2, or 3, provide details in (11)

1. Will any other person or persons: (a) Have trading authorization in this account? No ..... Yes .....
   (b) Guarantee this account? No ..... Yes .....
   (c) Have a financial interest in this account? No ..... Yes .....
2. Do any of the signatories have any other accounts or control the trading in such accounts? No ..... Yes .....
3. Does client have accounts with other Brokerage firms? (Type _____) No ..... Yes .....
4. Is this account (a) discretionary or (b) managed (a) ..... (b) .....

Insider Information

5. Is client a senior officer or director of a company whose shares are traded on an exchange or in the OTC markets? No ..... Yes .....
6. Does the client, as an individual or as part of a group, hold or control such a company? (_____) No ..... Yes .....

(7)

(a) General Documents	Attached	Obtaining	(b) Trading Authorization Documents:	Attached	Obtaining
-Client's Agreement	.....	.....	-For an Individual's Account	.....	.....
-Margin Agreement	.....	.....	-For a Corporation, Partnership, Trust, etc.	.....	.....
-Cash Agreement	.....	.....	-Discretionary Authority	.....	.....
-Guarantee	.....	.....	-Managed Account Agreement	.....	.....
-Other	.....	.....			

(8) INVESTMENT KNOWLEDGE
Sophisticated .....
Good .....
Limited .....
Poor/Nil .....

ACCOUNT OBJECTIVES
Income ..... %
Capital Gains
Short Term ..... %
Medium Term ..... %
Long Term ..... %
100%

ACCOUNT RISK FACTORS
Low ..... %
Medium ..... %
High ..... %
100%

EST NET LIQUID ASSETS (Cash and securities less loans outstanding against securities) A .....
PLUS
EST NET FIXED ASSETS (Fixed assets less liabilities outstanding against fixed assets) B .....
EQUALS
EST TOTAL NET WORTH (A+B=C) C .....
APPROXIMATE ANNUAL INCOME FROM ALL SOURCES D .....

(9) Bank Reference: Name ..... Branch ..... Refer to ..... Accounts .....

Bank credit check acceptable? Yes ..... No .....
Or Credit Bureau check-acceptable? Yes ..... No .....
Above credit checks considered unnecessary
Explain in (11)

(10) Deposit and/or Securities Received .....
Initial ..... Buy ..... Solicited ..... Amount .....
Order ..... Sell ..... Unsolicited ..... Description .....

(11) R.R. Signature .....
Date .....
Comments: .....
.....

Designated Officer, Director or Branch Manager's Approval .....
Date of Approval .....