



THIRD PARTY INFORMATION FORM

Peoples Bank of Canada (Peoples Bank)
Phone: 604-331-3464 Fax: 604-331-2245
Toll Free: 833-318-7878
www.peoplesbank.ca

Customer Number(s)	Account Number
(For Office Use Only)	

Primary Applicant Information:			
Name			
Address	City	Province	Postal Code

Joint Applicant Information:			
Name			
Address	City	Province	Postal Code

Third Party Details:			
Name of Third Party		D.O.B. (DD/MM/YY)	
Civic Address	City	Province	Postal Code
Occupation/Principal Business	Relationship to Registered Owners		
Incorporation Number (if applicable)	Place of Incorporation (if applicable)		

Third Party Details:			
Name of Third Party		D.O.B. (DD/MM/YY)	
Civic Address	City	Province	Postal Code
Occupation/Principal Business	Relationship to Registered Owners		
Incorporation Number (if applicable)	Place of Incorporation (if applicable)		

Declaration	
By signing this Information Form, the undersigned declares that the information provided herein is true and correct.	
Authorized Signatory:	
Signature _____	Date _____
Print Name _____	Title _____

After completing this form, send it together with your application to:
Peoples Bank of Canada
 Suite 1400 – 888 Dunsmuir Street, Vancouver, BC V6C 3K4