

Please complete as much of this form as possible. If you require assistance in filling out the information, please contact us at **780.926.4233** or by email at osborn@cfnwa.ab.ca.

PERSONAL DETAILS

LAST NAME: _____ GIVEN NAME(S): _____ SIN: _____

ADDRESS: Apt #: _____ St./Ave.: _____ City/Town: _____ Prov.: _____ Postal Code: _____

MAILING ADDRESS (if different than above): PO Box: _____ City/Town: _____ Prov.: _____ Postal Code: _____

HOME #: _____ WORK #: _____ CELL #: _____ FAX #: _____

EMAIL: _____

DRIVER'S LICENSE #: _____ DATE OF BIRTH (mm/dd/yyyy): _____

MARITAL STATUS: Single Married Common Law Name of Spouse: _____

BUSINESS DETAILS

LEGAL BUSINESS NAME: _____

LEGAL STATUS:

Sole Proprietorship Partnership Trust Association Non-Profit LLC Incorporated

BUSINESS NUMBER (BIN#): _____

SECTOR:

Agriculture Construction Government Service Oil & Gas Tourism
 Aquaculture Education Health Service Real Estate Transportation
 Business Service Finance Manufacturing Retail Wholesale
 Communication Forestry Mining Service Other: _____

Is this a home based business? Yes No

Bus. Start Date (mm/dd/yyyy): _____ Fiscal Year End (month): _____ Municipality: _____

CLIENT INFORMATION FORM - Banking & Information Collection Agreement

BANKING INFORMATION (if loan client and if applicable)

Bank Name: _____ Bank #: _____ Transit #: _____ Account #: _____

In order for CFNWA to effectively assist you with your business development needs we will collect the information requested in this Client Information Form and use it to: confirm your identity; check your credit history (if loan client); open an account with us; provide on-going services; and enforce on our security if necessary (if loan client).

We may disclose your personal information:

- To a person who we are satisfied is requesting information on your behalf;
- To other business units in CFNWA to help serve you better;
- To our Legal Council;
- To a credit reporting agency (if loan client);
- When permitted or required by law;
- To a public authority if, in our reasonable judgment, there appears to be an imminent danger which could be avoided by disclosing the information.

The gathering and disclosing of all information shall be governed by the provisions of the Freedom of Information and Protection of Privacy Act.

I hereby authorize Banks, Credit Agencies, and all Credit Bureaus to disclose all information concerning our affairs to Community Futures Northwest Alberta and CFNWA is likewise authorized to divulge information concerning our private affairs in response to normal credit inquiries from trade and other creditors for the purposes of a Loan Application.

All the information provided to Community Futures Northwest Alberta in this Client Information Form is true and current.

I agree to and acknowledge all of the above terms. I have also read the above information collection notice and give consent for Community Futures to collect and disclose my personal information in the matter stated above.

PRINTED NAME

SIGNATURE

DATE

PRINTED NAME

SIGNATURE

DATE

Community Futures Northwest Alberta may release any or all information to any other party or parties upon receiving permission from the Client named above. This includes general news release(s) to the public or otherwise. At times CFNWA will promote businesses in marketing and educational efforts. **If you consent to CFNWA referring your business in these efforts, please check the box below.**

I permit Community Futures Northwest Alberta to use my client information in marketing efforts and promotional material for CFNWA.

Growing communities one idea at a time.

9802-99 Street, PO Box 210, High Level, Alberta T0H 1Z0; P 780.926.4233; F 780.926.2162; E info@cfnwa.ab.ca
For more information and links to download loan application documents, visit our website at www.cfnwa.ab.ca.