

## Partnership - Business Membership Opening

Select your branch preference: ☐ Cranbrook ☐ Elkford ☐ Fernie ☐ Sparwood  
☐ Castlegar ☐ Slokan Valley ☐ West Boundary

We understand that your time is valuable and in order to process your account opening request as quickly and efficiently as possible we ask that you review the instructions outline and provide the information requested on this form.

- Completed form can be forwarded to StellerVista CU via e-mail at [commercial.support@stellervista.com](mailto:commercial.support@stellervista.com) with all the required documentation.
- Completed form can be dropped off at our branches or mailed with all the required documentation
- Forms and information are available on our website at [www.stellervista.com](http://www.stellervista.com)

StellerVista CU is member owned; a \$5 Personal Equity Share deposit is required for each partner/signer.

To open a **Partnership** or **Joint Venture** business account, the following information and documentation is required in order to comply with all Legislative and Credit Union policies.

Note: If the Partnership or Joint Venture includes one or more Corporations, we will require the information in items 2) and 3) below from each corporate partner. Complete additional forms for each corporate partner. We will also require; proof of incorporation and a list of the names of all directors of each corporate partner and Central Securities Registry for each corporate partner.

### 1) The following information will be required:

- Statement of Business Registry through BCRegistry as a Partnership. The business must be in Active status.
- 9-digits Business Number (BN)
- Partnership Agreement may be required

### 2) Provide us with the following information about your Business:

Business Name – Must Match BC Registry			
Business Address (legal Address)			
Business Mailing Address	<input type="checkbox"/> Same as above		
Business Phone Number			
Business Email Address			
Nature/Purpose of the Partnership			
Intended use of account(s)			
Is the Account(s) going to be used on behalf of a 3rd Party	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is there an ATM at your place of Business	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, who is the ATM Provider / Owner			
How is the cash in the ATM Funded	Armored Courier	By the ATM Owner	From account with another FI
	From account with SVCU	Other	
What type of ATM – Indicate Type	White Label	Virtual Currency	Financial Institution
Reason for Choosing StellerVista CU			
Primary Contact Name			
Phone #		Email:	



- 3) Provide us with the following personal information for each of the account signers, if more than two please add an additional form. Individual signers may provide information separately if they prefer.

		Partner/Signer #1	Partner / Signer #2
Legal Name	First		
	Middle Name	<input type="checkbox"/> No Middle Name	<input type="checkbox"/> No Middle Name
	Last Name		
Address (Legal address)	Street City, Postal Code		
Mailing Address (if different)		<input type="checkbox"/> Same as above	<input type="checkbox"/> Same as above
Birth Date (mm/dd/yyyy)			
SIN			
Contact Number	Home Work Cell		
Email Address			
Occupation			
Employer			
Access to Online Banking ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Operating accounts that are most appropriate for your needs:**

Please indicate the account types required or interested in:

Chequing	Saving	Investments
<input type="checkbox"/> <b>ElectroLink Business</b>	<input type="checkbox"/> Super Saver	<input type="checkbox"/> GIC /Term Deposits
<input type="checkbox"/> <b>Business Chequing Plan</b>	<input type="checkbox"/> Member Advantage	<input type="checkbox"/> Accumulator
<input type="checkbox"/> Business Lite		
<input type="checkbox"/> Business Core		
<input type="checkbox"/> Business Unlimited		
<input type="checkbox"/> USD Chequing		

**Access to your accounts**

Signatories	ATM	Night Deposit	Cheques
Will accounts be two to sign?	Access to the account(s) to deposit to the account using a debit card?	Expect to use night deposit facilities?	Will need to order cheques?
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No

**CHECKLIST: HAVE YOU SUBMITTED THE FOLLOWING INFORMATION?**

- ☐ **Required documents:**
  - ☐ Statement of Business Registration through BC Registry. Business must be in Active status.
  - ☐ Business Number (BN)
- \$100 cheque made payable to your business name
- ☐ Completed and signed Consent form (Consent forms are available via [www.stellervista.com](http://www.stellervista.com) or at branch)
- ☐ Partnership Agreement may be required if lending product is requested
- All the forms are completed in full
- Two pieces of Valid ID from each Partner/Signer, ID will need to be presented at the Branch at the time of membership signing.