

# Sole Proprietorship



## Business Account Opening

Select your branch preference:  Cranbrook  Elkford  Fernie  Sparwood  
 Castlegar  Slocan 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 Equity Share deposit is required which will stay with the account until such time that the account is closed.

To open a **Sole Proprietorship** business account the following information and documentation is required in order to comply with all Legislative and Credit Union policies.

### 1) Provide the following documents:

- Statement of Business Registry through BC Registry as a Sole Proprietorship. The business must be in Active status.
- 9-digit Business Number (BN)

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

<b>Business Name:</b> (Match with BC Registry)			
<b>Business Address:</b> (legal Address)			
<b>Business Mailing Address:</b> (Business location or principal Owner's house)	<input type="checkbox"/> Same as above		
<b>Business Phone Number:</b>			
<b>Business e-mail address:</b>			
<b>Primary Business Activity:</b>			
<b>Primary Contact Name:</b>			
<b>Phone#:</b>		<b>Email:</b>	

**3) Provide us with the following Personal information:**

Sole Proprietor	
Legal Name: First	
Middle Name	<input type="checkbox"/> No Middle Name
Last Name	
Address (Civic address): Street City, Postal Code	
Mailing Address (if different):	<input type="checkbox"/> Same as above
Birth Date (mm/dd/yyyy)	
SIN	
Contact Number: Home Work Cell	
Email Address	
Occupation	

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

Please indicate the account types required or interested in:

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

**Access to your accounts**

Online Banking	ATM	Night Deposit	Cheques
Online Banking Access: <input type="checkbox"/> Yes <input type="checkbox"/> No	Access to the account(s) to deposit to the account using a debit card? <input type="checkbox"/> Yes <input type="checkbox"/> No	Expect to use night deposit facilities? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will need to order cheques? <input type="checkbox"/> Yes <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)
- All the forms are completed in full**
- Two pieces of copied Valid ID (Make copies as necessary)**