

Customer Information:			
Last Name	First Name	Middle Name	PHT Customer # (If Available)

Third Party Individual Details:	
Name of Third Party Individual	Date of Birth
Occupation or Nature of Principal Business	
Civic Address	
Nature of Relationship between the third party and the client:	

Third Party Corporation or Entity Details:	
Name of Business/Entity	Incorporation Number
Nature of Principal Business	Place of Incorporation
Civic Address	
Nature of Relationship between the third party and the client:	

Third Party Determination – Unsuccessful
If Third Party Determination was unsuccessful, record the following: 1) The measures taken 2) Date measure was taken 3) the reason why the measure was unsuccessful

Unconfirmed Third Party Use:
Complete this section if: There are reasonable grounds to suspect that an account will be used by or on behalf of a third party.
Did the individual make a third party determination with regards to this account? <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe why it is suspected that the individual is acting on behalf of a third party:

Acknowledgement:		
Date	PHT Employee Name or Deposit Agent Representative Name	Signature
Date	PHT Management Employee - Name	PHT Management Employee - Signature