

**Individual Client Application Form (CAF) - Please Print**  
Please complete a separate CAF for each person named on account

Client Account ID:

GHL Staff:  Emp #:

GAM  GLOC  GGIL  GSSL  Other

Existing Client     Politically Exposed Person (PEP) (See reverse for definition)    Relationship Manager:

**Title:**  
 Mr.  
 Mrs.  
 Ms.  
 Dr.  
 Other:

**Last Name:**

**Given Name(s):**

**Date of Birth:**  -  -     **Age:**   
Day                      Month                      Year

**Citizenship:**

**Country of Birth:**

**Phone (Mobile):**  -   
Area Code - Number

**Residence:**

**Gender:**  
 Male  
 Female

**Phone (Home):**  -   
Area Code - Number

US Citizen     US Resident

**SSN:**    -   -

**TIN:**    -   -

**Phone (Work):**  -   
Area Code - Number

**Marital Status:**  
 Married  
 Single  
 Divorced  
 Separated  
 Widowed  
 Common Law

**Last Name:**     Add to Mailing List

**Residential Address:**  
 Street Address:   
 Town/City:   
 Country/State:   
 Zip/Post Code:   
 Country:

**Mailing Address (if different from residential):**  
 Street Address:   
 Town/City:   
 Country/State:   
 Zip/Post Code:   
 Country:

**Dependents by Age:**  
 0 - 5 yrs  
 5 - 10 yrs  
 10 - 18 yrs  
 18 - 25 yrs  
 > 25 yrs

**Occupation:**

**Employer:**

**Annual Income TTS:**  
 < \$72 K  
 \$72 K - \$200 K  
 \$200 K - \$450 K  
 \$450 K - \$1M  
 > \$1M

**Personal Identification #:**

**Personal Identification #:**

**Country of Issue:**

**Country of Issue:**

**Type:**  
 DP  
 ID  
 PP  
 Other

**Issue Date:**  -  -   
Day                      Month                      Year

**Expiry Date:**  -  -   
Day                      Month                      Year

**Type:**  
 DP  
 ID  
 PP  
 Other

**Issue Date:**  -  -   
Day                      Month                      Year

**Expiry Date:**  -  -   
Day                      Month                      Year

**Other:**

**Other:**

**Signing Authority & Payment Instructions**     Joint Account     Primary Holder

<b>Initiate Transactions</b> Primary Holder <input type="checkbox"/> Any Holder <input type="checkbox"/> Any Two Holders <input type="checkbox"/> All Holders <input type="checkbox"/>	<b>Receive Funds</b> Primary Holder <input type="checkbox"/> Any Holder <input type="checkbox"/> All Holders <input type="checkbox"/>	<b>Joint Client 1:</b> <input type="text"/>	<b>Name:</b> <input type="text"/>
		<b>Joint Client 2:</b> <input type="text"/>	<b>Name:</b> <input type="text"/>
		<b>Joint Client 3:</b> <input type="text"/>	<b>Name:</b> <input type="text"/>
		<b>Joint Client 4:</b> <input type="text"/>	<b>Name:</b> <input type="text"/>

**Special Notes/Instructions:**

I hereby agree to comply and be bound by the Terms and Conditions on the reverse of this form

<b>Client Signature:</b> <input type="text"/>	<b>Verified by:</b> <input type="text"/> ----- Print	<b>Approved by:</b> <input type="text"/> ----- Print
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**Date:**  -  -     **Date:**  -  -     **Date:**  -  -   
Day                      Month                      Year                      Day                      Month                      Year                      Day                      Month                      Year

