



Bank Profile and Consent

The personal information collected on this form is requested under the authority of and will be used for the purpose of administering the *Employment and Assistance Act* and the *Employment and Assistance for Persons with Disabilities Act*. The collection, use and disclosure of personal information is subject to the provisions of the *Freedom of Information and Protection of Privacy Act*. Any questions about this information should be directed to your local Employment and Income Assistance office.

Last Name	First Name	Middle Name(s)	SR Number
-----------	------------	----------------	-----------

Bank Name

Consent attached, or client sign here:
I give permission for the financial institution named above to provide the information requested on this form to the Ministry of Social Development and Poverty Reduction:

Signature _____ Date Signed _____

Please provide details below for all accounts (copy form or use back of page if insufficient space) and provide a transaction statement for the most recent _____ period. (For closed accounts, please provide a statement for the _____ period prior to date of closing).

Please provide the completed form to the client
 Please return the completed via mail or fax to my attention:

Name _____
 Address _____ Fax _____

For Bank/Financial Institution use only
 Please complete an "All Branch Search" and either complete this form, including bank stamp and signature, or supply a printout providing the requested information.

Please check below to indicate all accounts on which the the above-named individual is a primary account holder or a co-account holder, including open accounts and accounts closed within the last six months .

The above-named individual has no accounts (open or closed within past six months) at this financial institution.

<input type="checkbox"/> Chequing Account	<input type="checkbox"/> US \$ or International Acct	<input type="checkbox"/> RRSP, RDSP, or RESP
<input type="checkbox"/> Annuities or Other Investments	<input type="checkbox"/> Savings or TFSA Acct	<input type="checkbox"/> Business Accounts
<input type="checkbox"/> GICs, Term Deposits, RRIFs	<input type="checkbox"/> Loans, Mortgages, Lines of Credit	<input type="checkbox"/> Youth or Student Acct
<input type="checkbox"/> Credit Cards	<input type="checkbox"/> Mutual Funds, Bonds	<input type="checkbox"/> Trust Accounts
<input type="checkbox"/> Other		

Account Type	Status		Date Closed	Account #	Joint		Value Balance
	Open	Closed			Yes	No	
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	

Bank Stamp	Date	_____
	Financial Institution Name	_____
	Address	_____
	Contact Name	_____
	Signature	_____