

Account No:	_____
CIF No:	_____
Sol ID No.:	_____
(For office use only)	

To ensure the prompt opening of your account, please complete all sections of this form.

**\*Mandatory field**

SECTION A BUSINESS INFORMATION		
Legal Name of Business*		Registered Corporation Number*
Trade Name*		Registration / Incorporation Date* (dd-mm-yyyy)
Primary Business Function* (e.g. Software Development, Manufacturing, Consulting, Trade Services, etc.)		
Business Address (Current)*		
City*	Province*	Postal Code*
Business Phone*	Business Fax Number*	Business Email*
Mailing Address (if different from above)*		
City*	Province*	Postal Code*
<b>Type of Business*</b>	<input type="checkbox"/> <b>Corporation:</b> <input type="checkbox"/> Provincial <input type="checkbox"/> Federal <input type="checkbox"/> Non Profit Corp. <input type="checkbox"/> Condominium Corp. <input type="checkbox"/> <b>Sole Proprietor</b>	
	<input type="checkbox"/> <b>Partnership:</b> <input type="checkbox"/> Limited <input type="checkbox"/> General	
	<input type="checkbox"/> <b>Unincorporated:</b> <input type="checkbox"/> Association <input type="checkbox"/> Group	
	<input type="checkbox"/> Other: _____	
	<input type="checkbox"/> Large Corporation <input type="checkbox"/> Pension Fund <input type="checkbox"/> Public Body <input type="checkbox"/> None of these descriptions	
<b>Business Description*</b>	Is your Business listed on a stock exchange? <input type="checkbox"/> No <input type="checkbox"/> Yes ⇒ If Yes, Name of Exchange: _____	
	Is your Business a registered charity for income tax purposes? <input type="checkbox"/> No <input type="checkbox"/> Yes	
	If your Business is a registered charity, does it solicit charitable financial donations from public? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Details of source / origin of initial funds used to set up the Business* (e.g. Profit generated from business, cash flow from business, sale of property, etc.)		
If you deal outside of Canada, in which countries do you deal?*		
Your annual revenue is* \$ _____ (in '000 CAD)    Based on: <input type="checkbox"/> Latest financial statement <input type="checkbox"/> Projected turnover		

SECTION B ACCOUNT TYPE AND ACTIVITIES*	
You may chose more than one option: <input type="checkbox"/> C\$ Business Savings Account <input type="checkbox"/> C\$ Business Chequing Account <input type="checkbox"/> US\$ Business Savings Account <input type="checkbox"/> US\$ Business Chequing Account	
<input type="checkbox"/> C\$ GIC <input type="checkbox"/> US\$ GIC    Amount: \$ _____    Maturity: ____ months ____ year(s)    Interest Rate: _____%	
<b>Maturity Instructions</b>	<input type="checkbox"/> Auto Reinvest for same tenure till further notice
	<input type="checkbox"/> Reinvest Principal plus Interest for ____ month(s) ____ year(s)
	<input type="checkbox"/> Reinvest Principal only for ____ month(s) ____ year(s). Interest credit to Account No. _____
	<input type="checkbox"/> Credit Principal plus Interest to Account No. _____
	<input type="checkbox"/> Issue Bank Draft and send to OUR MAILING ADDRESS
What is the purpose of the account? (e.g. Payroll, Daily Sales, etc.). If other, please specify:	
What do you anticipate will be the value of your monthly deposit transactions?*    \$ _____	
<b>Frequency of Deposit:</b> <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	
<b>Method of Deposit:</b> <input type="checkbox"/> Cheque <input type="checkbox"/> Cash <input type="checkbox"/> Other: (specify) _____	
What do you anticipate will be the value of your monthly withdrawal transactions?*    \$ _____	
<b>Please visit our website at <a href="http://icicibank.ca">icicibank.ca</a> or call our Customer Contact Centre at 1-888-424-2422 for current applicable interest rates and charges.</b>	

**SECTION C OWNERSHIP INFORMATION\***

Provide the names and percentage ownership of all individuals who directly or indirectly own or control 25% or more of shareholding (or equivalent interest in other forms of businesses) in the business entity. If it is a Sole Proprietorship, provide the name and indicate 100% ownership.

Name*	Occupation*	% Ownership*
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

1.	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Dr.			Date of Birth (dd/mm/yyyy)*
	First Name*		Middle Name	Last Name*
	Home Address (Current)*			
	City*		Province*	Postal Code*
	Home Phone Number*		Business Phone Number* Ext.:	Cell Phone Number*
Are you a PEP*? <input type="checkbox"/> Local <input type="checkbox"/> Foreign <input type="checkbox"/> Not Applicable   ⇨ <a href="#">See Page 6 for PEP Definition</a>				

2.	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Dr.			Date of Birth (dd/mm/yyyy)*
	First Name*		Middle Name	Last Name*
	Home Address (Current)*			
	City*		Province*	Postal Code*
	Home Phone Number*		Business Phone Number* Ext.:	Cell Phone Number*
Are you a PEP*? <input type="checkbox"/> Local <input type="checkbox"/> Foreign <input type="checkbox"/> Not Applicable   ⇨ <a href="#">See Page 6 for PEP Definition</a>				

3.	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Dr.			Date of Birth (dd/mm/yyyy)*
	First Name*		Middle Name	Last Name*
	Home Address (Current)*			
	City*		Province*	Postal Code*
	Home Phone Number*		Business Phone Number* Ext.:	Cell Phone Number*
Are you a PEP*? <input type="checkbox"/> Local <input type="checkbox"/> Foreign <input type="checkbox"/> Not Applicable   ⇨ <a href="#">See Page 6 for PEP Definition</a>				

4.	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Dr.			Date of Birth (dd/mm/yyyy)*
	First Name*		Middle Name	Last Name*
	Home Address (Current)*			
	City*		Province*	Postal Code*
	Home Phone Number*		Business Phone Number* Ext.:	Cell Phone Number*
Are you a PEP*? <input type="checkbox"/> Local <input type="checkbox"/> Foreign <input type="checkbox"/> Not Applicable   ⇨ <a href="#">See Page 6 for PEP Definition</a>				

**SECTION D AUTHORIZED INDIVIDUAL(S)\***

The Authorized Individuals identified in this section will be the only individuals who can transact business on this account. Please note that all applicant must complete this section for each person named as Authorized Individual. In case of Sole Proprietorship businesses, only the Sole Proprietor is permitted to be an Authorized Individual on this account. ICICI Bank Canada will act upon instructions of any of the Authorized persons in the account according to the instructions provided in Section E. Each Authorized Individual must submit a personal, pre-printed cheque made payable to the business, drawn on a Canadian financial institution for a minimum of \$1.00 with this form. The cheque(s) will be cleared through the Business Account to confirm the identity the Authorized Individuals. (Reconciling your \$1.00 deposit is done by you through your business).

<b>1.</b>	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Dr.			Date of Birth (dd/mm/yyyy)*	
	First Name*	Middle Name		Last Name*	
	Home Address (Current)*				
	City*		Province*		Postal Code*
	Home Phone Number*		Business Phone Number* Ext.:		Cell Phone Number*
	Title*				Length of Time Employed* ___ years ___ months
	Industry*		Occupation*   ⇨ <a href="#">See Pages 7, 8, 9 and 10 for List of Occupations</a>		
	Are you a PEP*? <input type="checkbox"/> Local <input type="checkbox"/> Foreign <input type="checkbox"/> Not Applicable   ⇨ <a href="#">See Page 6 for PEP Definition</a>				
<b>2.</b>	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Dr.			Date of Birth (dd/mm/yyyy)*	
	First Name*	Middle Name		Last Name*	
	Home Address (Current)*				
	City*		Province*		Postal Code*
	Home Phone Number*		Business Phone Number* Ext.:		Cell Phone Number*
	Title*				Length of Time Employed* ___ years ___ months
	Industry*		Occupation*   ⇨ <a href="#">See Pages 7, 8, 9 and 10 for List of Occupations</a>		
	Are you a PEP*? <input type="checkbox"/> Local <input type="checkbox"/> Foreign <input type="checkbox"/> Not Applicable   ⇨ <a href="#">See Page 6 for PEP Definition</a>				
<b>3.</b>	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Dr.			Date of Birth (dd/mm/yyyy)*	
	First Name*	Middle Name		Last Name*	
	Home Address (Current)*				
	City*		Province*		Postal Code*
	Home Phone Number*		Business Phone Number* Ext.:		Cell Phone Number*
	Title*				Length of Time Employed* ___ years ___ months
	Industry*		Occupation*   ⇨ <a href="#">See Pages 7, 8, 9 and 10 for List of Occupations</a>		
	Are you a PEP*? <input type="checkbox"/> Local <input type="checkbox"/> Foreign <input type="checkbox"/> Not Applicable   ⇨ <a href="#">See Page 6 for PEP Definition</a>				
<b>4.</b>	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Dr.			Date of Birth (dd/mm/yyyy)*	
	First Name*	Middle Name		Last Name*	
	Home Address (Current)*				
	City*		Province*		Postal Code*
	Home Phone Number*		Business Phone Number* Ext.:		Cell Phone Number*
	Title*				Length of Time Employed* ___ years ___ months
	Industry*		Occupation*   ⇨ <a href="#">See Pages 7, 8, 9 and 10 for List of Occupations</a>		
	Are you a PEP*? <input type="checkbox"/> Local <input type="checkbox"/> Foreign <input type="checkbox"/> Not Applicable   ⇨ <a href="#">See Page 6 for PEP Definition</a>				

**SECTION E MODE OF OPERATION\***

Select the level of approvals from the Authorized Signatories required to transact business on this account. ♦

- Anyone to sign (please indicate the names below)     All to sign (please indicate the names below)     At least \_\_\_\_\_ to sign together (please indicate the names below)

First Name*	Middle Name*	Last Name*
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

♦ Special Instructions:

**SECTION F OTHER PARTY INFORMATION\* (This section must be completed)**

Will this account be used by or on behalf of any other party who is not an account holder in this application?     No     Yes ⇨ If Yes please complete the section below.

Name of Other Party*			
Address of Other Party*			
City*	Province*	Postal Code*	Country*
Occupation or type of business of the Other Party*		Relationship to the Other Party*	
Business Incorporation Number (if applicable)*		Place of Incorporation (if applicable)*	

**SECTION G AUTHORIZATION\***

The undersigned Authorized Individuals (the "Applicants") acknowledge receipt of ICICI Bank Canada's (the "Bank") Business Account Service Terms (the "Terms"), which are incorporated by reference in this Application. The Applicants hereby agree to be jointly and severally bound by the Terms as amended from time to time. The Applicants hereby confirm that all necessary corporate, regulatory or other actions and authorizations (including, without limitation, passing of necessary resolutions) as may be required for the purpose of opening and operating the account(s) sought to be opened pursuant to this Application as well as for establishing its banking in accordance with the Terms have been duly obtained and are in full force and effect. The Applicants hereby consent to ICICI Bank Canada (the "Bank"), collecting, using and disclosing personal information for the purpose identified in the Bank's Privacy Policy, which the Applicants have received, read and understood. The Applicants hereby represent that all of the information in this Application is true and complete and agree that it can be relied on by the Bank. The Applicants further understand and consent that proceeds of any personal cheque provided for account opening will be cleared through the new Business Account as mentioned above and the Applicants will have to reconcile this deposit amount with their business. The Applicants authorize the Bank to send account statements through Email to the address mentioned in the application form and as defined in the Account Terms & Conditions" of the Bank.

Executed on behalf of \_\_\_\_\_  
(Legal Name of the Business)

on this \_\_\_\_\_ of \_\_\_\_\_, \_\_\_\_\_ by the following Authorized Individuals) of the Applicant.  
(day) (month) (year)

Authorized Individual's Name _____	<b>X</b> _____ Signature	_____	Title
Authorized Individual's Name _____	<b>X</b> _____ Signature	_____	Title
Authorized Individual's Name _____	<b>X</b> _____ Signature	_____	Title
Authorized Individual's Name _____	<b>X</b> _____ Signature	_____	Title

**FOR OFFICE USE ONLY**

<b>Prepared By:*</b>	Maker Employee ID _____	Maker Employee Name _____	<b>X</b> _____	Maker Employee Signature	_____	Date (dd-mm-yyyy)
<b>Verified By:*</b>	Verifier Employee ID _____	Verifier Employee Name _____	<b>X</b> _____	Verifier Employee Signature	_____	Date (dd-mm-yyyy)

**SECTION H STEPS TO COMPLETING THE APPLICATION FORM\***

**STEP 1: COMPLETE AND SIGN THE FOLLOWING**

- a) Business Accounts Application Form
- b) A copy of two (2) pieces of Identification (photocopied front and back to clearly identify the signature) for each Authorized Individual, ensuring that one piece is from List A below.

**PRIMARY AND SECONDARY IDS PRESENTED (ID Document Name and Number):\***

**Authorized Individual # 1 - Name:** \_\_\_\_\_

Primary ID: \_\_\_\_\_

ID Number: \_\_\_\_\_ Expiry Date (dd-mm-yyyy): \_\_\_\_\_

Secondary ID: \_\_\_\_\_

ID Number: \_\_\_\_\_ Expiry Date (dd-mm-yyyy): \_\_\_\_\_

**Authorized Individual # 2 - Name:** \_\_\_\_\_

Primary ID: \_\_\_\_\_

ID Number: \_\_\_\_\_ Expiry Date (dd-mm-yyyy): \_\_\_\_\_

Secondary ID: \_\_\_\_\_

ID Number: \_\_\_\_\_ Expiry Date (dd-mm-yyyy): \_\_\_\_\_

**Authorized Individual # 3 - Name:** \_\_\_\_\_

Primary ID: \_\_\_\_\_

ID Number: \_\_\_\_\_ Expiry Date (dd-mm-yyyy): \_\_\_\_\_

Secondary ID: \_\_\_\_\_

ID Number: \_\_\_\_\_ Expiry Date (dd-mm-yyyy): \_\_\_\_\_

**Authorized Individual # 4 - Name:** \_\_\_\_\_

Primary ID: \_\_\_\_\_

ID Number: \_\_\_\_\_ Expiry Date (dd-mm-yyyy): \_\_\_\_\_

Secondary ID: \_\_\_\_\_

ID Number: \_\_\_\_\_ Expiry Date (dd-mm-yyyy): \_\_\_\_\_

**STEP 2: DOCUMENTATION**

**For Corporation (Including Non-Profit Corporation):**

- a) A copy of the articles or Certificate of Incorporation or Letter Patent of Incorporation
- b) Copy of Notice of Directors, resolution, meeting minutes excerpt or tax filing listing all directors (i.e. CT23, Schedule A, CO-17, AT1).

**For Condominium (or Strata) Corporation:**

- a) Copy of land titles/registry document showing registration of declaration, plan or description, or other document confirming existence of the corporation (e.g.: registration of By-law.)
- b) Copy of Notice of Directors, resolution or meeting minutes excerpt listing all directors (or council members in British Columbia).

**For Partnership:**

- a) A copy of the partnership agreement, partnership registration or Master Business License.

**For Unincorporated Business:**

- a) Copies of documentation confirming the identity of the unincorporated group or association (i.e. association's constitution Bylaws, memorandum of association or Canadian Registered Charities Report).

**For Sole Proprietor:**

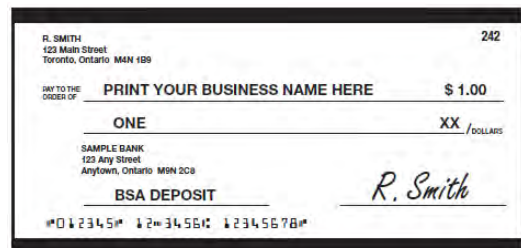
- a) Copies of the business name registration, Master Business license or professional practice license.

**For Trusts:**

- a) Copy of the trust deed & settler's identification.

**Cheques: (Applicable Only to Direct Banking Clients)**

Send the Authorized Individual's pre-printed personal cheque and a pre-printed business cheque with full business name, made payable to the business and drawn on a Canadian bank, for any amount to be deposited, as applicable. Here are examples:



**STEP 3: SUBMIT YOUR COMPLETED APPLICATION FORM AT ANY BRANCH OF ICICI BANK CANACA**

Please submit your completed and signed application form and all documentation at any Branch of ICICI Bank Canada or mail to:

ICICI Bank Canada, P.O. Box 396, Don Mills, ON M3C 2S7

ICICI Bank Canada will open the account upon receipt of the documents specified above. After the cheques are cleared, On-line Banking User IDs and Passwords will be mailed to the Authorized Individual(s) et the business address.

**REQUIRE ASSISTANCE** ⇨ For assistance, visit one of our branches or call our Customer Contact Centre at 1-888-ICICI-CA (1-888-424-2422).

## **PEP Definition**

Politically Exposed Foreign Person (PEFP) means a person who holds or has held one of the following offices or positions in or on behalf of a foreign state:

- a) Head of state or head of government;
- b) Member of the executive council of government or member of a legislature;
- c) Deputy minister or equivalent rank;
- d) Ambassador or attaché or counsellor of an ambassador;
- e) Military officer with a rank of general or above;
- f) President of a state-owned company or a state-owned bank;
- g) Head of a government agency;
- h) Judge;
- i) Leader or president of a political party represented in a legislature;
- j) Holder of any prescribed office or position; or
- k) Prescribed family member of such a person.

The prescribed family members of a politically exposed foreign person include the following:

- a) Person's spouse or common-law partner;
- b) Child of the person;
- c) Person's mother or father;
- d) Mother or father of the person's spouse or common-law partner; and
- e) Child of the person's mother or father.

**INSTRUCTIONS:**

1. Locate your Occupation in the list below and place your cursor at the beginning of the Occupation
2. Highlight and copy the Occupation (including two lines as needed)
3. Click on the button "Return to Application" on the right side of this page
4. Then place your cursor on the Occupation Entry Field and paste it

**LIST OF OCCUPATIONS / PROFESSIONS****Art and Culture**

Actor/Actress	Designer, Theatre	Producer
Announcer/Broadcaster	Director	Sculptor
Author/Writer	Editor	Singer
Choreographer	Film and Video Camera Operator	Song Writer
Composer	Graphic Designer	Technician, Audio and Video Recording
Conductor	Illustrator	Technician, Broadcast
Dancer	Journalist	Technician, Graphic Arts
Designer, Exhibit	Musician	Translator/Terminologist/Interpreter
Designer, Fashion	Painter	Visual Artist
Designer, Interior	Photographer	Other

**Banking and Insurance**

Account Officer/Manager	Compliance Officer	Payroll Clerk
Accountant	Corporate Secretary	Personnel and Recruitment Officer
Accounting and Related Clerk	Credit Control Officer	President
Actuaries	Customer Service Representative	Privacy officer
Administrative Officers	Data Entry Clerk	Property Administrator
Agent	Executive Assistant	Purchasing Agent/Officer
Analyst	Financial and Investment Analyst	Purchasing and Inventory Clerk
Anti-Money Laundering Officer	Fraud Investigator	Receptionists/Switchboard Operator
Assistant General Manager	General Manager	Relationship Officer/Manager
Assistant Manager	Human Resources Specialist/Officer	Sales and Marketing Manager
Associate Vice President	Insurance Adjuster and Claims Examiner	Sales and Marketing Representative/Officer
Auditor	Insurance Appraiser	Securities Agent
Bookkeeper	Insurance Assessor	Senior Analyst
Branch Manager	Insurance Clerk	Senior Manager
Broker	Insurance Underwriter	Senior Vice President
Cashier	Insurance Valuator	Shippers and Receiver
Chief Anti-Money Laundering Officer	Investment Dealer	Statisticians
Chief Compliance Officer	Legal Counsel	Supervisor
Chief Executive Officer (CEO)	Loan Officer	Vice President
Chief Financial Officer (CFO)	Manager	Other
Chief Operating Officer (CFO)	Mathematician	
Clerk	Mortgage Specialist/Officer	

**Civil Aviation**

Air Traffic Control	Flying Instructor	Pilot
Flight Attendant	Mechanic, aircraft instruments/electronics, avionics	Other
Flight Engineer		

**Construction and Related Occupations**

Bricklayer	Construction worker	Plumber
Cabinetmaker	Electrician, apprentice	Technician/Mechanic/Installer, HVAC (heating, ventilation and air conditioning)
Cable installer/repair technician	Electrician, building/ construction/ maintenance	Other
Carpenter	General Construction worker	
Construction helper		

**Education**

Administration Officer	Early Childhood Educator	Teacher, Elementary/Primary/Kindergarten
Admissions Officer	Education Counselor	Teacher, Post-Secondary
Archivist	Librarian	Teacher, Secondary
Assistant Principal	Principal	University Professor
College Instructor	Professor's Assistant	Vocational Instructor
Director	Research Assistant	Other

## Engineering

Architect  
Construction Estimator  
Engineer, Electronics  
Engineer, Aerospace  
Engineer, Chemical  
Engineer, Civil  
Engineer, Electrical  
Engineer, Geological  
Engineer, Industrial  
Engineer, Manufacturing  
Engineer, Mechanical  
Engineer, Metallurgical and Materials  
Engineer, Mining  
Engineer, Petroleum

Industrial Designer  
Inspector, Aircraft Instrument  
Inspector, Electrical and Avionics Mechanics  
Inspector, Industrial Instrument  
Land Surveyor  
Landscape Architect  
Technician, Electronic Service  
Technician/Mechanic, Industrial Instrument  
Technician/Mechanic, Aircraft Instrument  
Technician/Mechanic, Electrical and Avionics  
Mechanic  
Technologist/Technician, Architectural  
Technologist/Technician, Civil Engineering  
Technologist/Technician, Drafting

Technologist/Technician, Electrical  
Technologist/Technician, Electronics  
Technologist/Technician, General  
Technologist/Technician, Industrial  
Engineering and Manufacturing  
Technologist/Technician, Land Survey  
Technologist/Technician, Mapping and  
Related Services  
Technologist/Technician, Mechanical  
Engineering  
Urban and Land Use Planner  
Other

## Health Care

Accountant  
Acupuncturist  
Administrative/Executive Assistant  
Ambulance Attendant/Paramedic  
Audiologist  
Chief Executive Officer (CEO)  
Chief Financial Officer (CFO)  
Chief Operating Officer (CFO)  
Chiropractor  
Chiropractor  
Clerk/Data Entry Clerk  
Customer Service Representative  
Dental Assistant  
Dental Hygienist  
Dentist  
Denturist  
Dietitian  
Dietitian professional (P.Dt.)  
Dietitian, professional  
Dietitian, registered (RD)  
Dietitian-nutritionist, registered (RDN)  
Family Physician  
General Practitioner

Head Nurse  
Human Resources Specialist/Officer  
Instructor and Teacher of Persons with  
Disabilities  
Manager  
Manager, Assistant  
Manager, Assistant General (AGM)  
Manager, General (GM)  
Medical Sonographer  
Medical Supervisor  
Midwife  
Nurse Aide/Orderly  
Nutritionist  
Nutritionist, professional  
Opticians  
Optometrist  
Patient Service Associate  
Pharmacist  
Physician, Specialist  
Practitioner, Natural Healing  
President  
President, Associate Vice (AVP)  
President, Vice (VP)

Psychologist  
Receptionist/Switchboard Operator  
Registered Nurse  
Social Worker  
Speech-Language Pathologist  
Supervisor  
Technologist/Technician, Cardiology  
Technologist/Technician,  
Electroencephalographic and Other  
Diagnostics  
Technologist/Technician, Laboratory  
Technologist/Technician, Medical  
Laboratory  
Technologist/Technician, Medical  
Radiation  
Technologist/Technician, Veterinary and  
Animal Health  
Therapist, Dental  
Therapist, Massage  
Therapist, Physio  
Therapist, Respiratory  
Veterinarian  
Other

## Hotels, Restaurants, and Tourism

Accountant  
Administrative/Executive Assistant  
Bell Boy  
Cargo Service Representative  
Chef  
Chief Executive Officer (CEO)  
Chief Financial Officer (CFO)  
Chief Operating Officer (CFO)  
Clerk/Data Entry Clerk  
Cook  
Customer Service Representative

Front Office / Cashier  
General Manager  
Hotel Front Desk Clerk  
Human Resources Specialist/Officer  
Manager  
Manager  
Manager, Assistant  
Manager, Assistant  
Manager, Assistant General (AGM)  
Manager, General (GM)  
Outdoor Sport and Recreational Guide

President  
President, Associate Vice (AVP)  
President, Vice (VP)  
Receptionist  
Receptionist/Switchboard Operator  
Room Service  
Supervisor  
Tour Operator/Guide  
Travel Agent  
Other

## Information Technology

Analyst  
Consultant  
Data Administrator  
Database Analyst  
Designer/Developer/Programmer

Engineer, Computer/ Program/ Application/  
Software/ Web  
Engineer, Program/ Application/ Software/  
Web IT Officer  
Manager, IT/Data Centre

Network Administrator  
Tester/ Quality Assurance, Program/  
Application/Software/Web  
Other

## Legal and Government Service

Analyst  
Community and Social Service Worker  
Counselor, city  
Counselor, employment  
Fire fighter  
Instructor and Teacher of Person with  
Disabilities

Judge  
Law Clerk  
Lawyer  
Member of Parliament  
Notary Public  
Paralegal  
Police Officer

Probation and Parole Officer  
Social Worker  
Other

## Personal Service

Animal Care Worker  
Babysitter  
Barber  
Beautician  
Client Care Attendant/Home Care  
Consultant, Image

Consultant, Social  
Dietitian/Nutritionist  
Esthetician  
Event Coordinator/Manager  
Family Worker, home care  
Hairstylist

Home health aide  
Make-up Artist  
Nanny  
Pest Controller  
Pet Groomer  
Other

## Precious Metal and Stones

Jewelry appraiser  
Jewelry maker  
Gem cutter

Gem expert  
Gem setter  
Gemologist

Jewel setter  
Jeweler  
Other

## Real Estate and Mortgage

Agent, Mortgage  
Broker, Mortgage  
Dealer, Mortgage  
Real estate agent/salesperson, residential

Real estate agent/salesperson, commercial  
Sales consultant  
Sales representative  
Sales supervisor

Salesperson, new home  
Other

## Religion

Bishop  
Brother/sister – religion  
Chancellor – religion  
Chaplain  
Church worker  
Clergyman/woman  
Deacon /deaconess  
Faith healer  
Religious worker  
Granthi

Home mission worker – religion  
Imam  
Minister – religion  
Missionary  
Moderator – religion  
Mohel  
Monk  
Mother superior/ religious superior  
Nun  
Pandit

Pastor  
Preacher  
Priest  
Rabbi  
Religious education worker  
Religious superior – religious community  
Other

## Sciences and Related Fields

Astronomer  
Biologist  
Chemist  
Geochemist  
Geologist

Geophysicist  
Meteorologist  
Physicist  
Scientist  
Technician/Technician, Meteorological

Technologist/Technician, Biological  
Technologist/Technician, Chemical  
Technologist/Technicians, Geological and  
Mineral  
Other

## Small and Medium Enterprises

Antiques Dealer  
Arms Dealer  
Art Dealer  
Auction House  
Auto Dealership  
Check Casher  
Currency Exchange House

Financial Services, Others  
Grocery Store  
Holding Company  
Import and Export Company  
Jewel, gem, and precious Metal Dealer  
Money Payment Services  
Money Remittance/Transfer Services

Money Service Business (MSB)  
Pawnbroker  
Pay Day Loan/Cheque  
Real Estate Agency  
Restaurant  
Other

## Transportation

Driver, bus  
Driver, courier  
Driver, ground transportation  
Driver, long haul  
Driver, public passenger transit  
Driver, taxi owner-operator  
Driver, taxi/taxicab/limousine  
Driver/ chauffeur, company  
Driver/chauffeur, private household  
Driver/operator, light rail transit

Driver/operator, streetcar  
Driver/operator, subway  
Driver/operator, urban transit  
Truck driver  
Truck driver, automobile transport  
Truck driver, bulk goods/food/oil/gasoline  
Truck driver, cement/construction  
Truck driver, dump  
Truck driver, explosives  
Truck driver, freight

Truck driver, heavy  
Truck driver, line-haul  
Truck driver, logging  
Truck driver, long distance (national/  
international)  
Truck driver, tow  
Truck driver, trailer  
Urban transit operator  
Other

## Other trades and skilled Professions

Blacksmith/Ironworker	Fitter	Operator/machinist, machine shop/ machining/ tool and die
Boilermaker	Fixer	Painter
Butcher	Foreman/woman, machine shop/ machining/ tool and die	Pipe fitter
Cabinetmaker	Fumigator	Security Guard
Cable installer/repair technician	Funeral Director	Security Supervisor
Carpenter	Gas fitter	Setter
Clock repairer/clockmaker	Goldsmith	Sheet Metal Worker
Crane Operator	Inspector, machine shop/ machining/ tool and die	Steamfitter
Crane Operator	Installer/finisher, Tiles/Drywall/Plaster	Structural metal and platework/plater
Die cutter	Line inspector	Supervisor, machine shop/ machining/ tool and die
Die finisher	Locksmith	Technician
Die fitter	Mechanic, auto body repair	Technician/Mechanic/Installer, HVAC (heating, ventilation and air conditioning)
Die maker	Mechanic, automobile	Welder
Driller	Mechanic, electrical	Other
Electrician, apprentice	Mechanic, industrial	
Electrician, building/ construction/ maintenance	Operator, printing press	
Electrician, power station		