



# APPLICATION FOR CERTIFICATE OF GOOD STANDING

**Business Name:** \_\_\_\_\_

**Business Registration #** \_\_\_\_\_ **Date Registered:**      |      |       
MM DD YYYY

**Contact Number:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Purpose of Certificate:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Name of Applicant:** \_\_\_\_\_ **Date Applied:**      |      |       
MM DD YYYY

**Applicant's Signature:** \_\_\_\_\_

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## Compliance Officer's Comments

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Applicant In Good Standing**

**Approved** \_\_\_\_\_  
Compliance Manager

**Applicant Not In Good Standing**

**Disapproved** \_\_\_\_\_  
Compliance Manager

\_\_\_\_\_  
**Compliance Officer's Signature**

**Date:**      |      |       
MM DD YYYY