



FINANCIAL SECURITIES AUTHORITY

REGISTRATION FORM

Full Legal Name: ● _____

Primary Address: ● _____

Home Phone Number: ● _____

Mobile Phone Number: ● _____

Email 1: ● _____

Email 2: ● _____

Date of Birth: ● _____

Marital Status: ● _____

Signature

Print Name

****PLEASE RETURN ALONG WITH A COPY OF A VALID ID AND A RECENT UTILITY BILL****

