

**PORTAS® PERSONAL SECURITY LICENCE APPLICATION**

FOR INDIVIDUAL USE ONLY. Use of the Authorized Services must be in accordance with applicable statutes and regulations thereunder and applicable terms and conditions. Your application is subject to acceptance by Teranet Inc. and its affiliates ("Teranet"). NOTE: Information collected from this form and the resulting usage of the Authorized Services will be used by Teranet for the purposes of administration of and access to systems, products and services. For questions on collection and use of this information, please contact Teranet at 1-800-208-5263 or 416-360-1190.

**1. APPLICANT INFORMATION (To be completed by the Applicant)**

Applicant must use full legal name. Please print.

Miss       Mr.       Ms.       Mrs.  
 LAST NAME \_\_\_\_\_  
 New Application       Replacement  
 FIRST NAME \_\_\_\_\_ MIDDLE NAME \_\_\_\_\_  
 Complete all shared secret information  
 LAW SOCIETY OF UPPER CANADA NUMBER (FOR LAWYER APPLICANTS ONLY) \_\_\_\_\_  
 SECRET QUESTION ONE \_\_\_\_\_  
 JOB TITLE \_\_\_\_\_ DATE OF BIRTH (DD/MM/YYYY) \_\_\_\_\_  
 ANSWER TO SECRET QUESTION ONE \_\_\_\_\_  
 STREET (HOME ADDRESS) \_\_\_\_\_  
 SECRET QUESTION TWO \_\_\_\_\_  
 CITY \_\_\_\_\_ PROVINCE \_\_\_\_\_ POSTAL CODE \_\_\_\_\_  
 ANSWER TO SECRET QUESTION TWO \_\_\_\_\_  
 TELEPHONE (INCLUDING AREA CODE) \_\_\_\_\_ FACSIMILE (INCLUDING AREA CODE) \_\_\_\_\_  
 BUSINESS/ORGANIZATION NAME \_\_\_\_\_  
 EMAIL ADDRESS (REQUIRED TO PROCESS APPLICATION) \_\_\_\_\_

I hereby make Application for a Portas Personal Security Licence ("PSL") to become an authorized user of certain products and services ("Authorized Services") that accept the use of a PSL. I acknowledge that in order to access the Authorized Services, there are additional terms and conditions and forms. By signing below, I confirm that all of the above information is true and correct. I understand that Teranet is relying on the accuracy of this information in providing me a PSL. I acknowledge and agree that the security of the Authorized Services depends upon them being used only by individuals authorized to access them. **I agree that no one except myself may have access to or make use of the PSL assigned to me.** I understand that the first time I use the PSL I will be required to create a password or pass phrase; I will not divulge this password or pass phrase to any person at any time. I agree that my use of the PSL is also subject to further terms and conditions as set out in the standard Personal Security Licence Terms and Conditions that are accessible online and/or that I will receive by email upon approval of this Application. By creating your security profile, and receipt thereof, will constitute acceptance of the **Teranet Personal Security Licence Terms and Conditions**. I authorize Teranet to investigate or confirm any matter or statement contained in this Application and acknowledge that the granting of the PSL is subject to acceptance of this Application by Teranet. PSL Holders must provide updated information to Teranet whenever changes occur with respect to information provided in the PSL Application.

The applicant must sign this application in the presence of the individual (designated representative) validating his or her identity. See Section 2 below.

X \_\_\_\_\_  
 APPLICANT SIGNATURE \_\_\_\_\_ DATE (MM/DD/YYYY) \_\_\_\_\_

**2. VALIDATION OF APPLICANT'S IDENTITY (To be completed by designated representative)**

The applicant shall appear in person before the designated representative and provide two current pieces of identification for validation; one must bear a current photograph of the applicant. The designated representative validating the applicant's identity shall enter the information from the provided identification as listed below. HEALTH CARDS ARE NOT AN ACCEPTABLE FORM OF IDENTIFICATION.

**Photo ID:**  
 The following types of Photo ID are acceptable to Teranet: Valid Canadian Driver's Licence, Valid Canadian Firearms Acquisition Card, Valid Canadian Passport, Valid Permanent Resident Card, or a Valid Ontario Photo Card.  
**Secondary ID:**  
 The following types of Secondary ID are acceptable to Teranet: Bank Card, Social Insurance Card, Canadian Birth Certificate, or a different piece of photo ID (as specified under Photo ID).

IDENTIFICATION TYPE \_\_\_\_\_ IDENTIFICATION TYPE \_\_\_\_\_  
 CARD NUMBER \_\_\_\_\_ CARD NUMBER \_\_\_\_\_ EXPIRY DATE (MM/YYYY) \_\_\_\_\_

Acknowledgement: I acknowledge that I have reviewed and validated the two pieces of identification listed above. The information on each piece of identification is the same as the information provided in Sections 1 and 2 of this Application. I was present and did see this Application signed by the Applicant. **I hereby subscribe as a witness to this Personal Security Licence Application.** I am one of the following designated representatives (please select at least one):

- Lawyer       Notary Public       Designated LRO Representative       Financial Institution Signing Officer

Designated Representative Contact Information  
 LAND REGISTRY OFFICE NUMBER \_\_\_\_\_ BANK BRANCH \_\_\_\_\_  
 NAME OF DESIGNATED REPRESENTATIVE \_\_\_\_\_ BUSINESS/ORGANIZATION NAME \_\_\_\_\_  
 STREET \_\_\_\_\_ CITY, PROVINCE \_\_\_\_\_ POSTAL CODE \_\_\_\_\_  
 TELEPHONE (INCLUDING AREA CODE) \_\_\_\_\_ FACSIMILE (INCLUDING AREA CODE) \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_  
 X \_\_\_\_\_  
 DESIGNATED REPRESENTATIVE SIGNATURE \_\_\_\_\_ DATE (MM/DD/YYYY) \_\_\_\_\_

**FAX THIS FORM AND ATTACHMENTS TO TERANET INC.: 416-360-6069 OR MAIL. TERANET INC. IS LOCATED AT 123 FRONT STREET WEST, SUITE 700, TORONTO, ONTARIO M5J 2M2.**

YOU MAY CONTACT TERANET INC. EITHER BY CALLING 416-360-5263 OR EMAILING US AT [INFO@TERANET.CA](mailto:INFO@TERANET.CA) OR VISITING US ON OUR WEBSITE AT [WWW.TERANET.CA](http://WWW.TERANET.CA)

## Requirements Checklist

### **Section 1 – Applicant Information (To be completed by the Applicant):**

- Applicant Contact Information – Name, address, phone number and Date of Birth.
- LSUC number (lawyer applicants only) – It is important to provide your full legal name as it is registered with the Law Society of Upper Canada.
- Email address - To be used to send confirmation once the applicant has been set up in Teraview.
- 2 secret questions and answers – For example: What is my mother’s maiden name? Also provide the answer.
- Applicant’s signature and date.

### **Section 2 – Validation of Applicants Identity (To be completed by designated representative):**

- 2 Pieces of identification – 1 Photo ID & 1 Secondary ID
  - Acceptable forms of Photo ID: Valid Canadian Driver’s Licence, Valid Canadian Firearms Acquisition Card, Valid Canadian Passport, Valid Permanent Resident Card, or a Valid Ontario Photo Card.
  - Acceptable forms of Secondary ID: Bank Card (indicate which bank), Social Insurance Card, Canadian Birth Certificate, or a different piece of photo ID (as specified above)
    - \*Health cards are **NOT** an acceptable form of identification\*
  - Photocopies of the applicant’s identification are **NOT** required.
- Designated Representative Contact Information
  - Select category of the designated representative
  - Name, address and contact information to be completed in full
  - Designated representative’s signature and date.