



## **SCHEDULE C IBS USERS ADDITIONS**

## Please email this form to invest@mfa.bc.ca

Participant Informa	tion						
Participant Name:							
Participant Address:							
Contact Person:							
Contact Email:							
Account Number	Trans	sit Num	ber 14021				
Step 1: Enter new user The mailing address is the sa							
First Name	First Name Last Name		Work Telephone	Work Email		ID Code *minimum of 4 characters  *minimum of purposes	
Sten 2: There must be a	a minimum of	f 2 User	1's 1 to initi	ate and sign a	nd 1 to cor	mnlete the a	uthorization
USER 1 = For payment transaminimum of 2 people with USER 2 = For payment transawith a User 1 profile to auth	actions (add, mo Iser 1 profiles to actions (add, mo	odify and transact odify, dele	delete), signing ete) and informa	and information in ation reporting. A with a User 2 profile.	reporting. Fo User having le is optional	this profile will	oses, it takes a require 2 people iired.
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