

# REPRESENTATIVE APPLICATION FORM

**Gold Network Canada** 

The information collected on this form is used to verify your identity. All information provided is considered confidential.

## CONTACT INFORMATION

**ALL FIELDS ARE REQUIRED**

_____ FIRST NAME		_____ LAST NAME	
_____ ADDRESS	_____ CITY	_____ PROV.	_____ POSTAL CODE
_____ TEL	_____ FAX	_____ EMAIL ADDRESS	

## GENERAL INFORMATION

☐ YES ☐ NO **Have you ever been an independent agent or licensee before?**

If YES, for whom? (i.e. Avon, Amway, Pampered Chef, etc.) \_\_\_\_\_

☐ YES ☐ NO **Have you ever purchased or sold gold as a business, been an authorized gold or precious metals dealer/broker or sales agent?**

If YES, for whom? \_\_\_\_\_

**Please provide three (3) business/employment references.** (Do not include relatives or personal friends.)

	REFERENCE #1	REFERENCE #2	REFERENCE #3
Contact Name:	_____	_____	_____
Relationship:	_____	_____	_____
Phone:	_____	_____	_____

**By signing here, you certify and acknowledge that all information is correct and true to the best of your knowledge, and that you are NOT an authorized Gold Network Canada Representative until your application has been approved by Gold Network Canada and all fees (if applicable) have been paid.**

\_\_\_\_\_  
**Applicants Signature**

\_\_\_\_\_  
**Date**

Email: [info@goldnetworkcanada.com](mailto:info@goldnetworkcanada.com) or Fax: (519) 342-3849