



**BUSINESS**

Name Of Business Applicant		PHSP#
<input type="checkbox"/> Self-Employed <input type="checkbox"/> Professional Practice <input type="checkbox"/> Corporation		
Nature of Business	Number of Employees (NOT including Business Owner)	

**INDIVIDUAL TO BE COVERED**

<input type="checkbox"/> Same as above	Name (if different from Business Applicant)	
Date of Birth dd / mm / yyyy	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widow(er)
Name of Spouse	Spouse's Date of Birth dd / mm / yyyy	No. of Additional Dependents

**CONTACT INFORMATION**

Business			Personal		
Address			Address		
City	Province	Postal Code	City	Province	Postal Code
Phone	Fax		Phone	Fax	
E-mail			E-mail		
Preferred Communication: <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> E-mail <input type="checkbox"/> Phone					

**PLAN SETUP**

Please return to: McGill Financial Services 301-1 Heath Street West Toronto, Ontario, M4V 1T2	Or: Fax this form with credit card details to: Fax No: 416 . 981 . 8838
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**PAYMENT BY:**

<input type="checkbox"/> Cheque <input type="checkbox"/> Money Order  Payable to McGill Financial Services	<input type="checkbox"/> Credit Card	
	<input type="checkbox"/> VISA <input type="checkbox"/> MasterCard	Account No.
	Expiry Date dd / mm / yyyy	
	Signature	
	Name of Cardholder (Please Print)	Today's Date dd / mm / yyyy
Agent ID (Corp. Use Only)		