



Individual Customer Questionnaire

Tell Us About Yourself

Name: _____

Citizenship Status (check one)

US Citizen Resident Alien* Non-Resident Alien*

SSN/ITIN: _____ Date of Birth: _____

Country of Citizenship: _____

Physical Address: _____

Country of Residence: _____

(No PO Boxes)

City/State/Zip: _____

ID type: _____ ID#: _____ Exp: _____

Employer: _____

Phone _____

Occupation: _____

Home Phone: _____ Cell Phone: _____

**Occupation
industry Code:** _____

Email Address: _____

Position/Title: _____

How did you hear about us? _____

Additional Due Diligence Information

Are you a foreign political figure?

Yes **If yes, STOP.** Obtain necessary approvals prior to opening
No

Are you related to a foreign political figure?

Yes **If yes, STOP.** Obtain necessary approvals prior to opening
No

Are you engaged in marijuana-related business activities (production, transportation or sales)?

Yes **If yes, STOP.** Obtain necessary approvals prior to opening
No

I certify that the information provided is true and correct.

Signature of individual (or authorized representative)

Date

Bank Use Only:

CIF: _____ BSA Approval, if required to open account : _____

Additional Comments: _____

Reviewed By: _____