



Individual Customer Questionnaire

Tell Us About Yourself

Name:_____

SSN/ITIN:_____ **DOB:** _____

Physical Address:_____
(No PO Boxes)
City/State/Zip:_____

Employer:_____

Occupation:_____
Occupation
industry Code:_____

Position/Title:_____

Do you travel outside the US frequently?_____

If yes, which countries?_____

Citizenship Status (check one)
☐ US Citizen ☐ Resident Alien* ☐ Non-Resident Alien*

Country of Citizenship: _____

Resident Alien ID# (for non citizens) _____

Country of Residence: _____

ID type:_____ **ID#:** _____ **Exp:**_____

Phone_____

Home Phone:_____ **Cell Phone:**_____

Email Address: _____

How did you hear about us?_____

Additional Due Diligence Information

<p>Are you currently or have ever been a foreign political figure?</p>	<input type="checkbox"/> Yes If yes, STOP. Obtain necessary approvals prior to opening <input type="checkbox"/> No
<p>Are you related to a foreign political figure?</p>	<input type="checkbox"/> Yes If yes, STOP. Obtain necessary approvals prior to opening <input type="checkbox"/> No
<p>Are you engaged in marijuana-related business activities (production, transportation or sales)?</p>	<input type="checkbox"/> Yes If yes, STOP. Obtain necessary approvals prior to opening <input type="checkbox"/> No
<p>Is there an interpreter or someone else speaking on behalf of the customer?</p>	<input type="checkbox"/> Yes If yes, enter name and SSN of the interpreter in comments <input type="checkbox"/> 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 : _____

Comments: _____

Reviewed By: _____