

GENERAL INFORMATION				
Account Number:		Port Number:		Date Opened:
Account Name:			Tax ID Number:	
Business Ownership Type	<input type="checkbox"/> Sole Ownership <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> Non – Profit Organization		Account Type	<input type="checkbox"/> Checking(regular/Analysis) <input type="checkbox"/> Savings <input type="checkbox"/> Inst. Savings
Business Type		Business Type Code		<input type="checkbox"/> NOW <input type="checkbox"/> TCD <input type="checkbox"/> Int. Rate <input type="checkbox"/> MMDA <input type="checkbox"/> Other
Authorized Signers	1)		2)	
Title				
Authorized Signers	3)		4)	
Title				
Business Address				
Mailing Address				
Business Phone No.				
Cell Phone number				
E-Mail Address				
Resident Address City/Zip				
Resident Phone Number				
SSN or EIN Number				
Identification No.				

Expiry & Issued by		
Mother's Maiden Name		
Date of Birth		
Place of Birth		

FOR NEW ACCOUNTS USE ONLY - ACCOUNT PURPOSE (CHECK ALL THAT APPLY)

What is the nature of the Business?

Customer identification program (CIP) verified. Yes No

Chex System Checked: Yes No

General Payroll Other (Specify Wires, Trust, etc.) :

Please check and specify type of business:

Domestic: Foreign (Name the Country):

Retail: Wholesale: Manufacturing:

Service Provider: Import & Export: (Name the Country):

Money Services Business: Registered with FinCEN?

No

Yes
(Please provide FinCEN Registration Confirmation)

Is a Customer Politically Involved? Yes No

What type of account activity does the customer anticipate? (Check all that apply)

Cash Deposit Est. Monthly Activity \$ Cash Withdrawals Est. Monthly Activity \$

Wire Transfers: Incoming Est. Monthly Activity \$ Outgoing Est. Monthly Activity \$

If any transfers will be to or from a foreign country, specify name of Country:

Other Bank Services Customer is interested in:

(Armored Services, loan, letter of credit, safe deposit, cashiers checks, travelers check, etc.)

Approximate Monthly Sales:	Names of major suppliers/vendors/customers					
Is Customer's residence/business address near the FSB BANK? <input type="checkbox"/> YES <input type="checkbox"/> No If "No", Why did customer choose FSB BANK? <small>(Note: Consult an officer if the customer's residence/business is not near First Standard Bank and customer has no other relationship with the bank)</small> Does customer currently have other FSB BANK accounts/services? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Previous Bank	Reference Check				Responsible Officer	
Opening Deposit <input type="checkbox"/> Check \$ Source of Fund <input type="checkbox"/> Cash \$	OFAC Checked	Opened By	BSA Risk Code	BSA Type Code	Input By	Reviewed By