



FIRST STATE BANK OF NEWCASTLE

BUSINESS CIP

CUSTOMER IDENTIFICATION FORM

Required prior to account opening

*Legal Business Name _____

*Physical Address _____

*Mailing Address (If different from above) _____

*Previous Address (if less than 2 years at current address) _____

*Business Phone _____ Cell Phone _____ Email _____

*Date of Organization ____/____/____ State of Organization _____

Tax ID# _____ Do you have Organization Papers? _____

Type of Business or Profession _____ Organization type _____ (Corp, LLP, Partnership etc.)

Prior Banking Relationships _____

Bank Name

City/State

Referred by _____

Beneficial Ownership

Please provide the following information for each individual, if any, who directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns 25% or more of the equity interests of the legal entity.

Owner's Name _____ Title _____ % of Ownership _____

Address _____ City/State _____ Phone# _____

Owner's Name _____ Title _____ % of Ownership _____

Address _____ City/State _____ Phone# _____

Owner's Name _____ Title _____ % of Ownership _____

Address _____ City/State _____ Phone# _____

Owner's Name _____ Title _____ % of Ownership _____

Address _____ City/State _____ Phone# _____

Control Person

Information for one individual (Executive officer or senior manager) with significant responsibility for managing the legal entity such as CEO, CFO, COO, Managing Member, General Partner, President, Vice President, Treasurer,

or

any other individual who regularly performs similar functions.

Name/Title _____ Date of Birth _____ SSN _____

Address _____ City/State _____ Non-US Persons - _____
(Passport with Country of Issuance or Similar ID)

By signing this document, I authorize First State Bank of Newcastle to verify all information provided and to obtain additional information regarding my personal financial history from a consumer-reporting agency or agencies and/or other financial institutions. I understand that this information will only be used in conjunction with First State Bank of Newcastle products and services requested by me and that it will remain in force for the duration of my association. I certify that the information provided by me is true and correct to the best of my belief.

Customer Signature

Title

Date

Reviewed/Updated _____ Date _____ If more space is needed go to back page

Identifying Information

Checked Customer w/OFAC

Checked by

Match

Verified by

No Match

Existing Customer

For Non-Individuals

Verified by Reviewing

Certified Articles of Incorporation

Government Issued Business License

Partnership Agreement, Trust Document

By-Laws

Charter

Minutes of Organizational Meeting

Verified by Contacting

Verified Physical Location of Customer

Contacted Credit References

Contacted Customer Independently

Obtained Reference from Bank Employee

As a full service community bank, we are committed to providing our customers with financial products and services that meet their complete financial needs. To assist us with determining whether the products and services you have selected are appropriate, please provide the following information:

Anticipated Account Activity - (Estimate based on a one month statement)

<i>Deposits</i>	Number	<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> ACH <input type="checkbox"/> Wire <input type="checkbox"/> All	
<i>Withdrawals</i>	Number	<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> ACH <input type="checkbox"/> Wire <input type="checkbox"/> All	
<i>Wire Activity (Incoming)</i>	Number	Average \$ Amount	Source
<i>Wire Activity (Outgoing)</i>	Number	Average \$ Amount	Source
<i>ATM Activity</i>	Number	<input type="checkbox"/> Local Usage <input type="checkbox"/> Statewide Usage <input type="checkbox"/> Both	

Are the documents provided sufficient to obtain a reasonable belief about the identity of customer? Yes No

Reviewed/Updated _____ Date _____

Reviewed/Updated _____ Date _____

Reviewed/Updated _____ Date _____

Reviewed/Updated _____ Date _____

Reviewed/Updated _____ Date _____

Reviewed/Updated _____ Date _____