



FIRST STATE BANK OF NEWCASTLE
CUSTOMER IDENTIFICATION FORM

INDIVIDUAL CIP

Required prior to account opening

*Legal Name (Last, First, Middle) _____

*Residential Address _____

*Mailing Address (If different from above) _____

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

*Home Phone _____ Cell Phone _____ Email _____

*Date of Birth ____/____/____ City and State of Birth _____

*U.S. Person – SS# _____ Driver’s License (State) _____ Number _____ Expiration _____

***Please note: Federal regulation requires that the Bank have on file verification of a customer’s identification. Please attach a photocopy of driver’s license or other photo identification if requested.**

*Non U.S. Person – provide one or more of the following:

Tax Payer ID# _____ Alien ID card# _____

Passport # _____ Country of Issue _____

Other _____

(Must be government issued, evidence of nationality or residence and bear current photograph or similar safeguard)

Current Employer _____ Phone _____

Type of Business or Profession _____ How Long _____

Prior Banking Relationships _____

Bank Name

City/State

Nearest relative not living with you:

Name _____ Relationship _____

Address _____ City/State _____ Phone# _____

Referred by _____

SECURITY QUESTIONS

Mother’s Maiden Name _____ First Pet’s Name _____

First Car _____

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

Date

Reviewed/Updated _____

Date _____

If more space is needed go to back page

Identifying Information

Checked Customer w/OFAC

Match

No Match

Checked by

Verified by

Verified with ID

Account Holder Name

Physical Residential Address

Date of Birth

Other Government Issued ID,
Passport number, or Alien ID Card
and State or Country of Issuance

Social Security Number

Mailing Address

Driver's License Number/State

Required if no Driver's License

Credit/Chex Report (Attach copy)

Verified by Contacting

Contacted Relative

Contacted Previous Financial Institution

Contacted Customer Independently

Contacted Credit Reference

Contacted Current or Previous Employer

Obtained Personal 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 _____