



## **BUSINESS DEPOSIT ACCOUNT APPLICATION** **BANK SECRECY ACT/PATRIOT ACT DISCLOSURE**

To help the government combat the financing of terrorism and protect the international financing system from money laundering activities and financing of terrorism risks, the Bank Secrecy Act (BSA) a federal law, requires financial institutions to obtain, verify, and record information that identifies each person who opens an account or makes application for a loan.

As a customer of Colombo Bank, we want you to know that we value our relationship with you and appreciate your understanding and cooperation in the Bank's compliance efforts.

### **WHAT THIS MEANS TO YOU?**

#### **At Account Opening**

##### **1. Identity Information and Documents**

When you open an account, we will ask for you for documents and information about the identity of each account owner and authorized signer for the account being established as well as the identity of persons (*i.e. attorneys, agents, custodians, trustees, guardians, etc.*) opening accounts on behalf of other individuals/beneficiaries that the Bank deems is necessary to validate a person's identity. All information is subject to verification and will be held confidential. Incomplete or missing information will cause a delay in the opening of your account.

For each account owner, authorized signer and if applicable, person (*i.e. attorneys, agents, custodians, trustees, guardians, etc.*) opening an account on behalf of another individual/beneficiary, we will ask for ***each individual's legal name, date of birth, Social Security number (Tax or Employer Identification Number), residential address, and telephone number.***

We will also ask to see ***unexpired government issued*** identity documents including but not limited to, a passport, driver's license, social security card, and birth certificate.

If you presently have an account with us and you open additional accounts, add joint owners and/or authorized signers to an existing account or make application for an additional loan, we must also obtain records and verify required identification information as listed above.

##### **2. Account Purpose**

For each account opened, the Bank will ask for the purpose for opening the deposit account or for the loan request, the dollar amount of funds expected to be on deposit or of the loan request and the expected account activity (cash, checks, ATM/Debit cards, wires, payments, etc.).

##### **3. Source of Funds**

The Bank will ask for the source of funds used to fund the new account, for down payments on loans or to pay for fees and charges associated a loan. We will also ask you about your source of income regardless of your employment or economic status.

#### **As you Maintain an Account with the Bank**

The Bank may ask you to provide additional information regarding your account, account activities, sources of funds and persons directly or indirectly related to your account.



**THE FOLLOWING DOCUMENTS MUST BE PRESENTED IN ORDER TO OPEN A BUSINESS ACCOUNT. ANY INCOMPLETE OR MISSING DOCUMENTATION WILL CAUSE A DELAY IN OPENING THE ACCOUNT AND MAY RESULT IN ACCOUNT CLOSURE:**

**1. Photo Identification**

- As applicable, the principal business owner (*majority share owner*), co-owner and/or each authorized signer on the account must provide an unexpired government issued photo identification (*U.S. State Driver's License, State Identification Card, Passport, Military ID Card, or Permanent Resident Card*).

**2. Copy of the IRS issued Tax ID number (TIN) or Employer ID number (EIN)**

**3. Tax Exemption Status**

- Non Profit Organizations must present a copy of the IRS Determination Letter showing 501(c)3 or State Non-Profit Organization Certificate.

**4. One of the following organizational documents that applies:**

- Articles of Incorporation
- Articles of Organization
- Business License
- Partnership Agreement

**5. One of the following Chartering Documents that applies:**

- Certificate of Incorporation
- Certificate of Existence
- Certificate of Organization
- Certificate of Registration
- Registered Trade Name

**6. Authority Resolution**

- Must identify the person(s) authorized to open and maintain bank accounts on behalf of the business and to execute any and all documents with respect to such bank accounts.
- Must state the effective date of such authority and certify that the authority is currently in full force.
- Must be certified by the Secretary of the business. If the secretary is the same as an officer with signing authority, another officer or director must sign the resolution. (When the account is opened, Colombo Bank.
- Bank will print out its own copy of the Banking Resolution to be signed by all concerned.)

**Colombo Bank may require you to provide other documents or additional information before opening an account. All the information provided is subject to verification and will be held confidential.**



**BUSINESS DEPOSIT ACCOUNT APPLICATION**  
***TO BE COMPLETED BY BUSINESS OWNER AND/OR REPRESENTATIVE***  
***BEFORE OR AT ACCOUNT OPENING***

**BUSINESS INFORMATION**

*(Check as Applicable)*

- Domestic    International    Holding Company    Subsidiary    Franchise  
 Privately Held/Owned    Non-Profit    Limited Partnership    Corporation  
 Publicly Traded    Law Firm    Government Agency

**Describe Business Activity (Products/Services Offered):** \_\_\_\_\_

**Trade Name/DBA:** \_\_\_\_\_

**Tax/Employer ID Number:** \_\_\_\_\_      **Industry:** \_\_\_\_\_

**Main Office/Corporate Address:**

Street: \_\_\_\_\_ Floor/Suite/Unit # \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ and Zip Code: \_\_\_\_\_

**Mailing Address if Different than Provided Above:**

Street: \_\_\_\_\_ Floor/Suite/Unit # \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ and Zip Code: \_\_\_\_\_

**Telephone Numbers (include area codes):**

Main Number: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

Website Address: \_\_\_\_\_

**Account Purpose (check all that apply):**

- |  |   |                                  |
|--|---|----------------------------------|
| <input type="checkbox"/> General Operating | <input type="checkbox"/> A/R and/or A/P                     | <input type="checkbox"/> Payroll |
| <input type="checkbox"/> Employee Benefits | <input type="checkbox"/> IOLTA                              | <input type="checkbox"/> Escrow  |
| <input type="checkbox"/> Trust/Estate      | <input type="checkbox"/> Taxes/Insurance                    | <input type="checkbox"/> Savings |
| <input type="checkbox"/> Investment        | <input type="checkbox"/> Other; <i>please explain</i> _____ |                                  |

**Source of Funds That You Will Deposit:**    Revenues/Sales    Account Payable/Receivable  
 Account(s) at other Bank    Wages/Payroll    Other; *please explain* \_\_\_\_\_

**Expected or Known Account Activities:**

- Do you or will you cash checks for third parties (other people)?      Yes  No
- Do you or will you cash checks in amounts above \$1,000 per day/per people?      Yes  No
- Do you or will you offer money transfer services? (Money Gram, Western Union, etc.)      Yes  No
- Do you or will you have an ATM machine in one or more business locations?      Yes  No



**BUSINESS DEPOSIT ACCOUNT APPLICATION  
 TO BE COMPLETED BY BUSINESS OWNER AND/OR REPRESENTATIVE  
 BEFORE OR AT ACCOUNT OPENING**

**OWNERSHIP/SIGNATORY INFORMATION**

**Principal Business Owner (Majority Share Owner)/Authorized Signer**

*First Name:* \_\_\_\_\_ *Middle Name:* \_\_\_\_\_

*Last Name:* \_\_\_\_\_ (Indicate Jr. Sr. I, II, III, etc).

*Date of Birth:* \_\_\_\_\_ (month/day/year) *SS #/Tax ID:* \_\_\_\_\_

**Residential Address (No PO Box Addresses Accepted):**

**If you have lived at your current address for less than 1 year, also provide previous address:**

Street: \_\_\_\_\_ Floor/Apt/Unit # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Previous Residential Address (if applicable):**

Street: \_\_\_\_\_ Floor/Apt/Unit # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Telephone/Email (include area codes and extensions):**

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cellular/Mobile: \_\_\_\_\_

Primary Email Address: \_\_\_\_\_ Secondary Email Address: \_\_\_\_\_

**Co-Owner and/or Authorized Signer**

*First Name:* \_\_\_\_\_ *Middle Name:* \_\_\_\_\_

*Last Name:* \_\_\_\_\_ (Indicate Jr. Sr. I, II, III, etc).

*Date of Birth:* \_\_\_\_\_ (month/day/year) *SS #/Tax ID:* \_\_\_\_\_

**Residential Address (No PO Box Addresses Accepted):**

**If you have lived at your current address for less than 1 year, also provide previous address:**

Street: \_\_\_\_\_ Floor/Apt/Unit # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Previous Residential Address (if applicable):**

Street: \_\_\_\_\_ Floor/Apt/Unit # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Telephone/Email (include area codes and extensions):**

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cellular/Mobile: \_\_\_\_\_



Primary Email Address: \_\_\_\_\_ Secondary Email Address: \_\_\_\_\_

**BUSINESS DEPOSIT ACCOUNT APPLICATION  
TO BE COMPLETED BY BUSINESS OWNER AND/OR REPRESENTATIVE**

**Additional Authorized Signer**

*First Name:* \_\_\_\_\_ *Middle Name:* \_\_\_\_\_

*Last Name:* \_\_\_\_\_ (Indicate Jr. Sr. I, II, III, etc).

*Date of Birth:* \_\_\_\_\_ (month/day/year) *SS #/Tax ID:* \_\_\_\_\_

**Residential Address (No PO Box Addresses Accepted):**

**If you have lived at your current address for less than 1 year, also provide previous address:**

Street: \_\_\_\_\_ Floor/Apt/Unit # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Previous Residential Address (if applicable):**

Street: \_\_\_\_\_ Floor/Apt/Unit # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Telephone/Email (include area codes and extensions):**

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cellular/Mobile: \_\_\_\_\_

Primary Email Address: \_\_\_\_\_ Secondary Email Address: \_\_\_\_\_

**\*\*\*\*\*AGREEMENT\*\*\*\*\***

By completing the above application I am providing information for the purpose of obtaining an account and I authorize Colombo Bank to obtain additional information concerning any of the statements I have made. I also authorize Colombo Bank to make inquiries they feel are necessary to determine my credit worthiness including, but not limited to, obtaining credit reports from credit reporting agencies and other credit information from other sources.

I understand that this application is subject to Colombo Bank verification and approval.

I have received a copy of the Terms and Conditions for the type of account opened and a copy of the banks Funds Availability Policy and Bank Secrecy Act/Patriot Act Disclosure.

X \_\_\_\_\_ / \_\_\_\_\_  
*Signature of Owner/Authorized Signer Date*

X \_\_\_\_\_ / \_\_\_\_\_  
*Signature of Co-Owner/Authorized Signer Date*

X \_\_\_\_\_ / \_\_\_\_\_  
*Signature of Add'l Authorized Signer Date*

X \_\_\_\_\_ / \_\_\_\_\_  
*Signature of Add'l Authorized Signer Date*

X \_\_\_\_\_ / \_\_\_\_\_  
*Signature of Add'l Authorized Signer Date*

X \_\_\_\_\_ / \_\_\_\_\_  
*Signature of Add'l Authorized Signer Date*