

Commercial Customer Due Diligence (CDD) Questionnaire

1. Full Legal Name:

2. Trade Name or DBA

NAICS Code, if known: _____ Describe your products and services below:

3. Business Type (Circle one): Corporation, Sole Proprietorship, Partnership, LLC, LLP, Other (explain):

Account Info:	Account # _____	Account Type _____
	Account # _____	Account Type _____
	Account # _____	Account Type _____
	Account # _____	Account Type _____

4. Principals or Owners of the Entity – Attach additional sheets if necessary.

5. How long have you owned this business? ____ years ____ months ____ Check if Not Applicable.

6. How long have you managed this business? ____ years ____ months ____ Check if Not Applicable.

7. What percentage of your gross revenue is derived from money services (for example, check cashing, selling or redeeming travelers checks, money transmission)?

8. List each of your owned business locations below. Attach additional sheets if necessary.

9. Describe your USA market area and customer base. Check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> Local county residents | <input type="checkbox"/> Local statewide residents |
| <input type="checkbox"/> Multi-state area residents | <input type="checkbox"/> USA citizens |
| <input type="checkbox"/> International customers, regardless of citizenship. If checked, please describe your primary target market and any other customer groups to whom you market your services. | |

10. List each agent or franchise that provides services under an agreement with your firm. Attach additional sheets if necessary.

11. What types of state business licenses do you hold? Please attach copies of the licenses to this questionnaire.

- General business license
- Check Cashing business license
- Other business license _____
- Special purpose business license
- Money Transmitter business license

12. Does the business accept payments in connection with the participation of another person in a bet or wager that involves the use of the Internet and that is unlawful under any federal or state law (termed "restricted transactions" in the Unlawful Internet Gambling Enforcement Act of 2006)? Yes No

If yes, provide details: _____

13. What types of banking services do you expect to use at our financial institution on a **monthly** basis?

- Currency deposits or withdrawals Number _____ Average Amount _____
- Check deposits Number _____ Average Amount _____
- US currency exchanges Number _____ Average Amount _____
- International currency exchanges Number _____ Average Amount _____
- Domestic wire services Number _____ Average Amount _____
- International wire services Number _____ Average Amount _____
- Receipt of ACH transactions Number _____ Average Amount _____
- Receipt of IAT ACH transactions Number _____ Average Amount _____
- Origination of ACH transactions Number _____ Average Amount _____
- Internet banking services Number _____ Average Amount _____
- Remote deposit capture (RDC) services Number _____ Average Amount _____
- Privately-owned ATMs Number _____ Average \$ Required _____
- Nondeposit investment transactions Number _____ Average Amount _____
- Purchase of official checks, travelers checks or other negotiable items Number _____ Average Amount _____
- Safe deposit box Box Size Preferred _____
- Safe deposit box access Weekly _____ Monthly _____ Quarterly or Less _____
- Please describe other services not listed here: _____

14. Which of our branches do you intend to use in the conduct of your business?

Business Representative Completing the Questionnaire:

Print Name _____ Title _____

Business Representative Signature _____ Date _____

Bank Representative Receiving the Questionnaire:

Print Name _____ Title _____

Business Representative Signature _____ Date _____