

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, including any Beneficial Owners. Beneficial Owner means an individual who has a level of control over, or entitlement to, the funds or assets in the account that, as a practical matter, enables the individual, directly or indirectly, to control, manage or direct the account. Include each of the individual(s) who, directly or indirectly, through any contract, arrangement, understanding, relationship, intermediary, tiered entity, or otherwise, owns more than 25 % of this entity. If no one individual owns more than 25%, identify the individual(s) with greater ownership and/or responsibility than any other individuals for managing or directing the regular affairs 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)? ____%. Complete the MSB Questionnaire if any gross revenue is derived from these types of services.
8. List each of your owned business locations below. Attach additional sheets if necessary.

9. Do you have any Automated Teller Machines (ATMs) installed at any of your business locations? Yes No
 If Yes, how many ____? Provide the **physical** location of each machine, using additional pages if necessary.
Complete the Privately Owned ATM Questionnaire if any ATMs are installed at any of your business locations.
- | | | |
|---|----------|----------|
| 1. _____ | 2. _____ | 3. _____ |
| Monthly # of withdrawals for each machine | 1. _____ | 2. _____ |
| Monthly \$\$ withdrawal amount for each ATM | 1. _____ | 2. _____ |
| Average withdrawal amount for each machine | 1. _____ | 2. _____ |
| Source of cash replenishment for each ATM | 1. _____ | 2. _____ |
- such as from normal business, other ATM vendor, etc.

10. 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 |
- International customers, regardless of citizenship. If checked, please describe your primary target market and any other customer groups to whom you market your services.

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

12. What types of state business licenses do you hold? Please attach copies of the licenses to this questionnaire.
- | | |
|---|---|
| <input type="checkbox"/> General business license | <input type="checkbox"/> Special purpose business license |
| <input type="checkbox"/> Check Cashing business license | <input type="checkbox"/> Money Transmitter business license |
| <input type="checkbox"/> Other business license _____ | |

Indicate the expiration dates of the appropriate licenses by state.

State _____	License Type _____	Expiration Date _____
State _____	License Type _____	Expiration Date _____
State _____	License Type _____	Expiration Date _____

13. 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:
- _____

14. Does the business accept Remotely Created Checks (RCCs) as payment for any goods or services? Yes No. If yes, provide details:
- _____

15. Does the business process any transactions on behalf of another entity or individual? Yes No If yes, provide details:
- _____

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

- | | | |
|--|--|---------------------------|
| <input type="checkbox"/> Currency deposits or withdrawals, other than for funding ATMs | Number _____ | Average Amount _____ |
| <input type="checkbox"/> Withdrawal of cash to fund ATMs | Number _____ | Average Amount _____ |
| <input type="checkbox"/> Check deposits | Number _____ | Average Amount _____ |
| <input type="checkbox"/> US currency exchanges | Number _____ | Average Amount _____ |
| <input type="checkbox"/> International currency exchanges | Number _____ | Average Amount _____ |
| <input type="checkbox"/> Domestic wire services | Number _____ | Average Amount _____ |
| <input type="checkbox"/> International wire services | Number _____ | Average Amount _____ |
| <input type="checkbox"/> Receipt of ACH transactions | Number _____ | Average Amount _____ |
| <input type="checkbox"/> Receipt of IAT ACH transactions | Number _____ | Average Amount _____ |
| <input type="checkbox"/> Origination of ACH transactions | Number _____ | Average Amount _____ |
| <input type="checkbox"/> Internet banking services | Number _____ | Average Amount _____ |
| <input type="checkbox"/> Remote deposit capture (RDC) services | Number _____ | Average Amount _____ |
| <input type="checkbox"/> Privately-owned ATMs | Number _____ | Average \$ Required _____ |
| <input type="checkbox"/> Nondeposit investment transactions | Number _____ | Average Amount _____ |
| <input type="checkbox"/> Purchase of official checks, travelers checks or other negotiable items | Number _____ | Average Amount _____ |
| <input type="checkbox"/> Safe deposit box | Box Size Preferred | |
| <input type="checkbox"/> Safe deposit box access | Weekly _____ Monthly _____ Quarterly or Less _____ | |
| <input type="checkbox"/> Please describe other services not listed here: | _____ | |

17. 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

Bank Representative Signature Date