



STATE TRUST

International Bank & Trust LLC.

CALL/VISIT REPORT - CORPORATE

Review by:

Agent Name:

Call Reference:

Customer Name:

Code:

Date:

Number:

DETAILS

Customer / Prospect:

☐ Customer

☐ Prospect:

☐ Staff Related

☐ Other

Full Name:

Purpose:

☐ Yearly Visit

☐ Update requested

☐ Other

Location of Visit/Call:

☐ Business

☐ Residence

☐ Hotel/Restaurant

☐ Other

Please confirm if any of the following has changed in the past year. If so, provide documents and details.

Corporate

Has Changed?

Ownership

☐ Yes

☐ No

Key Management

☐ Yes

☐ No

Business Line

☐ Yes

☐ No

Major acquisitions/sales

☐ Yes

☐ No

Registration/Jurisdiction

☐ Yes

☐ No

Suppliers/providers/customers

☐ Yes

☐ No

Updated Financial Statements

☐ Yes

☐ No

Share Certificate

☐ Yes

☐ No

Account Profile

☐ Yes

☐ No

Purpose

Other

Is any of the account signatures or account holders a Politically Exposed Person or planning to be a senior political figure?

☐ Yes

☐ No

If yes, please obtain completed form STIBT Form 6005 PEP Form.

Is the customer or any account holder an American resident or citizen?

☐ Yes

☐ No

Please be advised that additional visit(s) with the agent may be necessary in order to fill out the appropriate Change Forms and other documents related to the information given in this Call Report.

The Referral Agent by signing this form confirm the authenticity of client's original documents.

Agent Name:

Date:

Manager:

Date:

COMPLIANCE

Compliance:

Date:

OPERATIONS

Operations:

Date: