



STATE TRUST

International Bank & Trust, LLC

New Customer Referral Acknowledgement

Portfolio Name			
Portfolio Number	<input type="checkbox"/> Individual <input type="checkbox"/> Joint <input type="checkbox"/> Corporate	<input type="checkbox"/> International <input type="checkbox"/> Premier <input type="checkbox"/> Elite	

I. Know Your Customer (To be completed by Agent)

How long have you known the Customer(s)? Please explain	<input type="checkbox"/> Not Known <input type="checkbox"/> 2 to 3 years	<input type="checkbox"/> Less than a Year <input type="checkbox"/> 3 to 4 years	<input type="checkbox"/> 1 to 2 years <input type="checkbox"/> 4 years or more
Do Customer(s) have a business relation with StateTrust Company or affiliates?	<input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Yes If Yes, explain and for how long::		
Is Customer(s) related to any staff of StateTrust Company or affiliates?	<input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, provide additional details: Name: _____ Office: _____ Position: _____ Relation: _____		
Customer(s) referred by?			
Where did you visit Customer(s)?	<input type="checkbox"/> Residence <input type="checkbox"/> Office <input type="checkbox"/> STIBT Referral Office <input type="checkbox"/> Other, explain: _____		
Address Verification	<input type="checkbox"/> Visited Home <input type="checkbox"/> Telephone Directory <input type="checkbox"/> Not Verified		
How many times did you visit the Client?			
Relevant Comments regarding the Relationship			

II. Acknowledgement

By: _____ Referral Agent Date (M/D/Y)		
Referral Agent Name:		Referral Agent Code:
Country:	Branch Code:	Supervisor Code: