



**STATE TRUST**  
International Bank & Trust LLC

- ☐ New
- ☐ Maintenance
- ☐ Cancellation

## Relationship Officer

<b>STIBT Code:</b>	<b>Date Received(MDY):</b>
<b>Full Name:</b>	<b>Input By:</b>
	<b>Reviewed By:</b>

### Part I

Please complete all required (\*) information fields

Required Information						
<b>Name *</b>	Last		First		Middle	
<b>Identification *</b>	Type <input type="checkbox"/> SSN/Cédula <input type="checkbox"/> Driver's License <input type="checkbox"/> Passport		Identification Number:			
	<input type="checkbox"/> Other, explain:		Exp. Date (mm/dd/yyyy):			
	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth (mm/dd/yyyy):			
<b>Home Address *</b>						
	City	State	Zip	Country		
<b>Telephone</b>	Residential *	Work	Mobile	Other		
<b>Electronic Mail</b>	Work:		Personal:			
<b>Officer Information *</b> (Please check all that applies)	<input type="checkbox"/> Agent Code:		<input type="checkbox"/> Supervisor Code:		<input type="checkbox"/> Manager Code:	
					Cost Center Code:	
	Reports to:	Level 1:	Level 2:	Level 3:	Level 4:	Level 5:
<b>Immediate Supervisor *</b>	Code	Name			STG Code	
<b>Assigned Branch *</b>	Code	Name		City	Country	
<b>Previous Employment</b>	Name			City	Country	
	Supervisor			Phone	Enclosed References <input type="checkbox"/> Personal <input type="checkbox"/> Commercial	
<b>Payment Information *</b>	<input type="checkbox"/> STIBT Deposit <input type="checkbox"/> Prepaid Card <input type="checkbox"/> By Check <input type="checkbox"/> By ACH <input type="checkbox"/> Other:					<input type="checkbox"/> Copy of Canceled Check
	Special Instructions:					
<b>Comments</b>						



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### Part II

#### Compensation Structure

<b>Reporting Levels*</b> (Please complete all levels starting from Agent to highest)	Code	Name	Position	Level
<b>Comments</b>				

#### Referral Statement (To be Completed by Referral Officer)

<b>How Long*</b>	How long have you known the Agent? <input type="checkbox"/> Years <input type="checkbox"/> Months	
<b>What Type*</b>	<input type="checkbox"/> Friend <input type="checkbox"/> Family <input type="checkbox"/> Other, explain:	<b>Cost Center Code:</b>
<b>Professional*</b>	Describe professional and ethical considerations of the referred officer:	
<b>Comments</b>		

#### Approval Signatures\*

<b>Relationship Officer:</b> Date(M/D/Y):	<b>Referral Officer:</b> Date(M/D/Y):
<b>STIBT Manager:</b> Date(M/D/Y):	<b>STIBT:</b> Date(M/D/Y):
<input type="checkbox"/> A/P Revision of Miscellaneous Charge Transaction By :	



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		<b>Input By:</b>
		<b>Reviewed By:</b>

### Part III

Please complete all required (\*) information and documents.

Required Agent Information					
<b>Banking Reference *</b>	<input type="checkbox"/> Included	Bank Name			
<b>Personal References *</b>	1 <input type="checkbox"/> Included	From:			
	2 <input type="checkbox"/> Included	From:			
	3 <input type="checkbox"/> Included	From:			
<b>Identification *</b>	Passport	ID Number:	Cédula/SSN	ID Number:	
		Exp. Date:		Exp. Date:	
<b>Required Copies *</b> (Please include copies of the following documents)	<input type="checkbox"/> Passport Copy <input type="checkbox"/> Cédula/SSN Copy <input type="checkbox"/> Resume Copy <input type="checkbox"/> Personal Photograph included				
<b>Comments</b>					