

BENEFICIAL OWNERSHIP DETAILS

General Info:

Name of Entity: _____

Type: _____ Entity State: _____

Country: _____

Was this entity created before January 2024? : _____

DBA Name: _____

DBA Registration/File Number: _____ County: _____

DBA Registration/File Date: _____ DBA Date of Last Renewal: _____

Identification Type: _____ Identification Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Company Applicant

1.

Fin CEN ID Number: _____

First Name: _____ Middle Name: _____

Last Name: _____ Email: _____

Address : _____

City: _____ State: _____ Zip: _____

Issue State: _____ Type: _____

Identification Number: _____ Expiration Date: _____

2.

Fin CEN ID Number: _____

First Name: _____ Middle Name: _____

Last Name: _____ Email: _____

Address : _____

City: _____ State: _____ Zip: _____

Issue State: _____ Type: _____

Identification Number: _____ Expiration Date: _____

Beneficial Ownership Details

1.

Title: _____ Ownership Percentage: _____

First Name: _____ Middle Name: _____

Last Name: _____ Email: _____

Address : _____

City: _____ State: _____ Zip: _____

Issue State: _____ Type: _____

Identification Number: _____ Expiration Date: _____

2.

Title: _____ Ownership Percentage: _____

First Name: _____ Middle Name: _____

Last Name: _____ Email: _____

Address : _____

City: _____ State: _____ Zip: _____

Issue State: _____ Type: _____

Identification Number: _____ Expiration Date: _____

3.

Title: _____ Ownership Percentage: _____

First Name: _____ Middle Name: _____

Last Name: _____ Email: _____

Address : _____

City: _____ State: _____ Zip: _____

Issue State: _____ Type: _____

Identification Number: _____ Expiration Date: _____

4.

Title: _____ Ownership Percentage: _____

First Name: _____ Middle Name: _____

Last Name: _____ Email: _____

Address : _____

City: _____ State: _____ Zip: _____

Issue State: _____ Type: _____

Identification Number: _____ Expiration Date: _____

5.

Title: _____ Ownership Percentage: _____

First Name: _____ Middle Name: _____

Last Name: _____ Email: _____

Address : _____

City: _____ State: _____ Zip: _____

Issue State: _____ Type: _____

Identification Number: _____ Expiration Date: _____