



Registration for Direct and Third-Party Promoters

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-956K
OMB No. 1615-0159
Expires 03/31/2027

| For USCIS Use Only | Receipt | Remarks | Action Block |
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| To be completed by an Attorney or Accredited Representative of the Regional Center (if any). | <input type="checkbox"/> Select this box if Form G-28 is attached. | Attorney State Bar Number (if applicable) <input type="text"/> | Attorney or Accredited Representative USCIS Online Account Number (if any) <table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> | | | | | | | | | | | | | | | | | | | | |
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Each direct or third-party promoter (including migration agents) of a regional center, any new commercial enterprise, an affiliated job-creating entity, or an issuer of securities to be offered to immigrant investors in connection with a particular capital investment project must register with U.S. Citizenship and Immigration Services (USCIS) by providing the information below.

► **START HERE - Type or print in black ink.** Answer all questions fully and accurately.

Part 1. Type of Registration

Select one box:

- ☐ This is an initial registration for a (select **all** that apply):
 - ☐ Direct Promoter
 - ☐ Third-party Promoter
 - ☐ Migration Agent
- ☐ This is being filed to amend a previously filed registration.
Registration Number:
- ☐ If you are amending to edit information in **Part 3.** below, select the appropriate box to indicate the type of amendment. Select **all** that apply:
 - ☐ Amendment to add a new written agreement with an entity not identified on the initial Form I-956K registration.
 - ☐ Amendment to remove a written agreement with an entity identified on the initial Form I-956K registration.
 - ☐ Amendment to revise an existing written agreement.

NOTE: You must identify **all** entities with which you maintain a written agreement at the time of filing the amendment in the table in **Part 3., Item Number 2.** below.

Part 2. Registrant Information

For Individuals

1. Full Legal Name

Family Name (Last Name)

Given Name (First Name)

Middle Name (if applicable)

2. Provide all other names the person has used, including aliases, maiden name, and nicknames.

3. Date of Birth (mm/dd/yyyy)

4. Country of Birth

5. Country(ies) of Citizenship or Nationality (current and relinquished)

6. Passport Number(s) and Countries

7. If not U.S. citizen, are you a U.S. national or lawful permanent resident (LPR)?

☐ Yes ☐ No

8. Alien Registration Number (A-Number) (if any)

▶ A-

For Organizations

9. A. Legal Name of the Business Entity

B. Other Name(s) the Entity is Authorized to Use or Do Business as (d/b/a)

10. Select the organizational structure. If the organizational structure is different from the examples listed below, select "Other" and describe the nature of the organizational structure in **Part 9. Additional Information**.

☐ Corporation

☐ Partnership (including Limited Partnerships)

☐ Limited Liability Company

☐ Other (Describe below. If you need extra space to complete this section, use the space provided in **Part 9. Additional Information**.)

11. Date the Entity Was Established

(mm/dd/yyyy)

12. State, Territory, Province, or Country Where the Entity Was Established

13. Other States, Territories, Provinces, or Countries Where the Entity is Registered to do Business

14. For organizations established within the United States, provide the entity's Federal Employer Identification Number.

Part 2. Registrant Information (continued)

15. For entities established outside the United States, provide the relevant tax identification number.

Registrant Contact Information

16. Registrant's Mailing Address

In Care Of Name (if any)

Street Number and Name

Apt. Ste. Flr. Number

☐ ☐ ☐

City or Town

State

ZIP Code

Province

Postal Code

Country

17. Telephone Number

18. Email Address (if any)

19. Website Address (if any)

Registrant Employment or Association

20. A. Are you employed to work as a promoter or otherwise engaged as a promoter on behalf of another promoter? ☐ Yes ☐ No

- B. Promoter Name

- C. Promoter Registration Number

- D. In what capacity are you employed by or otherwise associated with the promoter? (Select **all** that apply)

☐ Executive, Officer, or Similar Position. Provide title:

☐ Employee, Agent, or Similar Position. Provide title:

☐ Contract, Sub-Contract, or Similar Arrangement. Describe:

☐ Other. If other, describe:

Part 3. Written Agreement(s)

1. Have you entered into a written agreement for each regional center, new commercial enterprise, and affiliated job-creating entity on whose behalf you are operating as required under the Immigration and Nationality Act (INA) section 203(b)(5)(K)(iii)? ☐ Yes ☐ No

Part 3. Written Agreement(s) (continued)

2. Provide the following information for each written agreement for active or planned promotional activities you have with a regional center, new commercial enterprise, and affiliated job-creating entity as required under INA section 203(b)(5)(K)(iii). If you need extra space, use the space provided in **Part 9. Additional Information**.

| Title of Written Agreement | Date | Parties | Entity Type (Regional Center, NCE, JCE, Issuer of Securities) | RC ID(s) and NCE ID(s) (if available) |
|----------------------------|------|---------|---|---------------------------------------|
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Part 4. Bona Fides of the Promoter

For **Item Numbers 1. - 13.**, you should answer “Yes” to any question that applies, even if the records were sealed or otherwise cleared, or if anyone, including a judge, law enforcement officer, or attorney, told you that you no longer have a record. You should also answer “Yes” to the following questions whether it occurred in the United States or anywhere in the world. Use the space provided in **Part 9. Additional Information** to provide an explanation and include all relevant documentation that includes why you were arrested, cited, detained, or charged; and the outcome or disposition (for example, no charges filed, charges dismissed, jail, probation, community service), if applicable.

1. Have you committed a criminal or civil offense involving fraud or deceit within the previous 10 years? ☐ Yes ☐ No
2. Have you ever committed a criminal or civil offense involving fraud or deceit that resulted in a liability in excess of \$1,000,000? ☐ Yes ☐ No
3. Have you ever committed a criminal or civil offense for which you were convicted and sentenced to a term of imprisonment of more than 1 year? ☐ Yes ☐ No
4. Are you subject to a final order of a State securities commission (or an agency or officer of a State performing similar functions); a State authority that supervises or examines banks, savings associations, or credit unions; a State insurance commission (or an agency or officer of a State performing similar functions); a Federal banking agency; the Commodities Futures Trading Commission; the Securities and Exchange Commission; a financial self-regulatory organization recognized by the Securities and Exchange Commission; or the National Credit Union Administration? ☐ Yes ☐ No

If you answered “Yes” to the above, answer the following questions:

- A. What is the duration of penalty imposed by the final order?

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- B. Is the final order based on a violation of any law or regulation that prohibits fraudulent, manipulative, or deceptive conduct? ☐ Yes ☐ No
- C. Is the final order based on a violation of any law or regulation that bars you from associating with any entity regulated by such commission, authority, agency, or officer? ☐ Yes ☐ No
- D. Is the final order based on a violation of any law or regulation that bars you from appearing before such commission, authority, agency, or officer? ☐ Yes ☐ No
- E. Is the final order based on a violation of any law or regulation that bars you from engaging in the business of securities, insurance, or banking? ☐ Yes ☐ No
- F. Is the final order based on a violation of any law or regulation that bars you from engaging in savings association or credit union activities? ☐ Yes ☐ No
5. Are you engaged in, or have you ever been engaged in, or do you seek to engage in any illicit trafficking in any controlled substance or in any listed chemical (as defined in section 102 of the Controlled Substances Act)? ☐ Yes ☐ No
6. Are you engaged in, or have you ever been engaged in, or do you seek to engage in any activity relating to espionage, sabotage, or theft of intellectual property? ☐ Yes ☐ No

Part 4. Bona Fides of the Promoter (continued)

7. Are you engaged in, or have you ever been engaged in, or do you seek to engage in any activity related to money laundering (as described in section 1956 or 1957 of title 18, United States Code)? ☐ Yes ☐ No
8. Are you engaged in, or have you ever been engaged in, or do you seek to engage in any terrorist activity (as defined in INA section 212(a)(3)(B))? ☐ Yes ☐ No
9. Are you engaged in, or have you ever been engaged in, or do you seek to engage in any activity constituting or facilitating human trafficking or a human rights offense? ☐ Yes ☐ No
10. Are you engaged in, or have you ever been engaged in, or do you seek to engage in any activity described in INA section 212(a)(3)(E) (such as participating in Nazi persecutions or genocide)? ☐ Yes ☐ No
11. Are you engaged in, or have you ever been engaged in, or do you seek to engage in a violation of any statute, regulations, or Executive Order regarding foreign financial transactions or foreign asset control? ☐ Yes ☐ No
12. Are you, or during the preceding 10 years have you been, included on the Department of Justice's List of Currently Disciplined Practitioners? ☐ Yes ☐ No
13. During the preceding 10 years, have you received a reprimand or otherwise been publicly disciplined for conduct related to fraud or deceit by a State bar association of which you are or were a member? ☐ Yes ☐ No

Part 5. Required Certification

Certifier's Contact Information

1. Certifier's Family Name (Last Name) Certifier's Given Name (First Name)
2. Certifier's Title
3. Certifier's Daytime Telephone Number 4. Certifier's Mobile Telephone Number (if any)
5. Certifier's Email Address (if any)

I certify, under penalty of perjury, that I am authorized to provide certification by the promoter named in this registration and that such promoter is not ineligible under INA section 203(b)(5)(H)(i).

Certifier's Signature

6. Certifier's Signature Date of Signature (mm/dd/yyyy)

Part 6. Statement, Contact Information, Declaration, Attestation, and Signature of the Promoter or Authorized Individual

NOTE: Read the **Penalties** section of the Form I-956K Instructions before completing this section.

Select the appropriate box to indicate whether you read this form yourself or whether you had an interpreter assist you. If someone assisted you in completing the form, select the box indicating that you used a preparer.

Statement by Promoter or Authorized Individual

NOTE: Select the box for either **Item A.** or **B.** in **Item Number 1.** If applicable, select the box for **Item Number 2.**

Part 6. Statement, Contact Information, Declaration, Attestation, and Signature of the Promoter or Authorized Individual (continued)

1. Statement Regarding the Interpreter

- A.** ☐ I can read and understand English, and I have read and understand every question and instruction on this form, as well as my answer to every question.
- B.** ☐ The interpreter named in **Part 7.** has read to me every question and instruction on this form and my answer to every question in , a language in which I am fluent, and I understood everything.

2. Statement Regarding the Preparer

- ☐ At my request, the preparer named in **Part 8.**, , prepared this form for me based only upon information I provided or authorized.

Authorized Individual's Contact Information

If filing this form on behalf of an organization, provide contact information for the individual authorized to complete this form.

3. Authorized Individual's Family Name (Last Name)

Authorized Individual's Given Name (First Name)

4. Authorized Individual's Title

5. Authorized Individual's Daytime Telephone Number

6. Authorized Individual's Mobile Telephone Number (if any)

7. Authorized Individual's Email Address (if any)

Certification by Promoter or Authorized Individual

Copies of any documents submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I, as the promoter or authorized individual, submit original documents to USCIS at a later date.

Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine eligibility for any related or underlying immigration benefit.

I furthermore authorize release of information contained in this form, in supporting documents, and in my USCIS records, to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.

I recognize the authority of USCIS to conduct audits of this form using publicly available information. I also recognize that any supporting evidence submitted in support of this form may be verified by USCIS through any means determined appropriate by USCIS, including but not limited to, on-site audits, and on-site visits, as authorized by 8 U.S.C. sections 1103, 1155, and 1184; the EB-5, Reform and Integrity Act of 2022, Div. BB of the Consolidated Appropriations Act, 2022 (Pub. L. No. 117-103); and 8 CFR parts 103, 204, 205, and 214.

I understand that USCIS may require me to appear for an appointment to take my biometrics (fingerprints, photograph, and/or signature) and, at that time, I will be required to sign an oath reaffirming that:

- 1) I reviewed and provided or authorized all of the information in my form;
- 2) I understood all of the information contained in, and submitted with, my form; and
- 3) All of this information was complete, true, and correct at the time of filing.

Part 6. Statement, Contact Information, Declaration, Attestation, and Signature of the Promoter or Authorized Individual (continued)

If filing this form on behalf of an organization, I certify that I am authorized to do so by the organization and that I am authorized to make all representations, attestations, declarations, or certifications required of the organization on this form.

I also understand that USCIS may require biometrics, perform criminal record checks, and other background and database checks with respect to this entity, and any individuals involved with this entity.

I certify and attest, under penalty of perjury, that I provided or authorized all of the information in my form, I understand all of the information contained in, and submitted with, my form, and that all of this information is complete, true, and correct.

Signature by Promoter or Authorized Individual

You must sign and date your form. Every form **MUST** contain the signature of the promoter or authorized individual (or parent or legal guardian, if applicable). A stamped or typewritten name in place of a signature is not acceptable.

8. Signature by Promoter or Authorized Individual

Date of Signature (mm/dd/yyyy)

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NOTE: If you do not completely fill out this form or fail to submit required documents listed in the Instructions, USCIS may deny the underlying form and any related or underlying benefit.

Part 7. Interpreter's Contact Information, Certification, and Signature

If you used anyone as an interpreter to read the Instructions and questions on this form to you in a language in which you are fluent, the interpreter must fill out this section.

Interpreter's Full Name

1. Interpreter's Family Name (Last Name)

Interpreter's Given Name (First Name)

2. Interpreter's Business or Organization Name (if any)

Interpreter's Mailing Address

3. Street Number and Name

Apt. Ste. Flr. Number

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|--------------------------|--------------------------|--------------------------|----------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
|--------------------------|--------------------------|--------------------------|----------------------|

City or Town

State

ZIP Code

Province

Postal Code

Country

Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number

5. Interpreter's Mobile Telephone Number (if any)

6. Interpreter's Email Address (if any)

Part 7. Interpreter's Contact Information, Certification, and Signature (continued)

Interpreter's Certification

I certify, under penalty of perjury, that:

I am fluent in English and , which is the same language specified in **Part 6., Item B. in Item Number 1.**, and I have read to the promoter or authorized individual in the identified language every question and instruction on this form and his or her answer to every question. The authorized individual informed me that he or she understands every instruction, question, and answer on the form, including the **Certification by Promoter or Authorized Individual**, and has verified the accuracy of every answer.

Interpreter's Signature

The interpreter must sign and date the form.

7. Interpreter's Signature Date of Signature (mm/dd/yyyy)

Part 8. Contact Information, Declaration, Certification, and Signature of the Person Preparing this Form, if Other Than the Authorized Individual

Provide the following information about the preparer. If the same individual acted as your interpreter **and** your preparer, that person should complete both **Part 7.** and **Part 8.**

Preparer's Full Name

1. Preparer's Family Name (Last Name) Preparer's Given Name (First Name)

If the person who completed this form is associated with a business or organization, that person should complete the business or organization name and address information.

2. Preparer's Business or Organization Name (if any)

Preparer's Mailing Address

3. Street Number and Name Apt. ☐ Ste. ☐ Flr. ☐ Number
City or Town State ZIP Code
Province Postal Code Country

Preparer's Contact Information

4. Preparer's Daytime Telephone Number 5. Preparer's Mobile Telephone Number (if any)
6. Preparer's Email Address (if any)

Part 8. Contact Information, Declaration, Certification, and Signature of the Person Preparing this Form, if Other Than the Authorized Individual (continued)

Preparer's Statement

7. A. ☐ I am not an attorney or accredited representative but have prepared this form on behalf of the promoter or authorized individual and with the individual's consent.
- B. ☐ I am an attorney or accredited representative and my representation of the promoter or authorized individual in this case ☐ extends ☐ does not extend beyond the preparation of this form.

NOTE: If you are an attorney or accredited representative, you may also need to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this form.

Preparer's Certification

By my signature, I certify, under penalty of perjury, that I prepared this form at the request of the promoter or authorized individual. The promoter or authorized individual has reviewed this completed form, including the **Certification by Promoter or Authorized Individual**, and informed me that all of this information in the form and in the supporting documents is complete, true, and correct.

Preparer's Signature

Anyone who helped you complete this form **MUST** sign and date the form. A stamped or typewritten name in place of a signature is not acceptable.

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| 8. | Preparer's Signature | Date of Signature (mm/dd/yyyy) |
| | <input type="text"/> | <input type="text"/> |

Part 9. Additional Information

If you need extra space to provide any additional information within this form, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this form or attach a separate sheet of paper. Type or print the registrant's name at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

1. A. Page Number B. Part Number C. Item Number

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2. A. Page Number B. Part Number C. Item Number

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3. A. Page Number B. Part Number C. Item Number

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4. A. Page Number B. Part Number C. Item Number

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D.
