



**STATETRUST**  
International Bank & Trust LLC

Corporate Office Park, Assertus Building,  
Suite 107, Carr. 2 Km 2.2  
Guaynabo, Puerto Rico 00966  
(787) 273-7373  
[www.statetrustbank.eu](http://www.statetrustbank.eu)

# Personal Holding Company Application

## Application Sections

- I. Account & Relationship Type
- II. Corporate Information
- III. Board of Directors Information
- IV. Background Information
- V. Additional Shareholder Information
- VI. Portfolio Expected Activity
- VII. Account Funding Information
- VIII. Account Reporting & Communications
- IX. Internet Banking
- X. Banking Services
- XI. Banking Objectives
- XII. Banking Signature Registry
- XIII. Security Procedures
- XIV. Certifications
- XV. Agreement/Signature

## Required Documents

- Copy of Tax ID
- Corporate Resolutions
- Copy of Articles and Memorandum of Association
- Copy of Certificate of Incorporation
- Copy of Certificate of Good Standing / Renewal Receipt Copy of signed Form STIBT 0020 Anti-Money Laundering Notice
- Board of Director's Resolution to Open Account and give authority to signatories on the account
- Identifications (Two copies of ID's) for shareholders
- Bank Reference (Last 3 monthly statements) for shareholders
- Reference #1 for shareholders
- Reference #2 for shareholders
- Proof of Residence (Copy of utility bill) for shareholders
- Form W-8BEN
- Delivery of Universal Banking Agreement to Client
- Other

## Please Mark

- Agent of StateTrust? (If applicable)
- Related to StateTrust staff? (If applicable)

Have you verified if the customer is a permanent resident or citizen of the USA or resident of Puerto Rico? \_\_\_\_\_

---

## Personal Holding Company (PHC) Purpose/Objective

- (1) The purpose of this type of relationship is to cover personal expenses;
- (2) The primary objective of this portfolio is to safeguard wealth through a corporate structure which provides succession rights to the members.



Customer Name:		(PHC)	Customer Number:
<b>I. Account &amp; Relationship Type</b>			
Account Type	<input type="checkbox"/> Personal Holding Company (PHC)		
Relationship Type	<input type="checkbox"/> International <input type="checkbox"/> Premier <input type="checkbox"/> Elite		
<b>II. Corporate Information</b>			
Name	Legal		
	Known as		Short Name
Corporate Address <b>(Legal Address)</b>	Street		
	City	State	Zip
Phones	Main PBX		Other Phones
	Main Fax		
	Other Fax		
E-Mail <b>(for Correspondence)</b>			
Web URL			
Incorporation	Place		Date Business Started (MM/DD/YYYY)
	Legal Type		Years in Business
Corporate Tax ID	ID No.	Type <input type="checkbox"/> TIN/NIT <input type="checkbox"/> RUC <input type="checkbox"/> RIF <input type="checkbox"/> RUT <input type="checkbox"/> Other: _____	
	Country of Issue	Issue Date (MM/DD/YYYY)	Expiration Date (MM/DD/YYYY, if applicable)
Documents Included	Corporate Resolution and/or By-Laws <input type="checkbox"/> Certified Copy of Articles and Memorandum of Association <input type="checkbox"/> Other: Copy of Certificate/Articles of Incorporation <input type="checkbox"/> Copy of Certificate of Good Standing / Renewal Receipt <input type="checkbox"/> Board of Director's Resolution to Open Account		
Notes	General Notes		



Customer Name:

(PHC)

Customer Number:

**III. Board of Directors Information**

Directors Information	#	Name	Corporate Title	
	1			
	2			
	3			
	4			
	5			
	6			
	7			
	8			
	9			
<i>* Please provide personal information details for each Director listed above and NOT detailed as shareholder.</i>				
1	Name		DOB	
	ID Type	ID Number	Country	
	2	Name		DOB
	ID Type	ID Number	Country	
	3	Name		DOB
	ID Type	ID Number	Country	
	4	Name		DOB
	ID Type	ID Number	Country	
	5	Name		DOB
	ID Type	ID Number	Country	
	6	Name		DOB
	ID Type	ID Number	Country	
	7	Name		DOB
	ID Type	ID Number	Country	
	8	Name		DOB
	ID Type	ID Number	Country	
	9	Name		DOB
	ID Type	ID Number	Country	



Personal Holding Company  
Application

Customer Name:

(PHC)

Customer Number:

**IV. Background Information (Participants & Authorized Signers)**

Shareholder Information  <small>(List all shareholders owning 10% or more company stock)</small>	#	Name/Description	Number of Shares*	% Ownership	Beneficial Owner
	1				
2					
3					
4					
5					
6					
7					
8					
9					

\* A Beneficial Owner is the real owner of the funds even if the legal title is in another person's name (that is, the ultimate owner of the funds)

If there are Class "B" Shareholders please complete	#	Name/Description	Number of Shares*	% Ownership	Beneficial Owner
	1				
2					
3					
4					
5					
6					
7					
8					
9					

Notes



Customer Name:

(PHC)

Customer Number:

**V.a Additional Information for Shareholders – Personal Information**

**□ Applicant**

<b>Name*</b>	First Names:				
	Last Names:				
<b>Date of Birth</b>	Month:	Day:	Year:		
<b>Citizenship</b>	Country of Birth:		City of Birth:		
	<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> U.S. or Puerto Rico Resident <input type="checkbox"/> U.S. Permanent Resident Alien(green card) <input type="checkbox"/> Non-U.S. /Country of Citizenship:		Other Countries of Citizenship:		
<b>Home Address (Residential)</b>			<b>Mailing Address (If different from home address)</b>		
	City	State		City	State
	Country	Zip	Country	Zip	
<b>E-Mail Address</b>	Personal E-Mail				
<b>Phones</b>	Home		Mobile		
	Fax		Other		
<b>Passport</b>	ID No.	Country of Issue		Exp Date	
<b>Drivers License</b>	ID No.	Country of Issue		Exp Date(MDY)	
<b>Other Document</b>	ID No.	Type		Exp Date(MDY)	
<b>Profession</b>			Industry Code:		
<b>Education</b>	<input type="checkbox"/> High School Degree <input type="checkbox"/> Technical Degree <input type="checkbox"/> 4 Year College Degree		<input type="checkbox"/> Graduate Degree <input type="checkbox"/> Doctoral Degree <input type="checkbox"/> Other		
<b>Marital Status</b>	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widow <input type="checkbox"/> Domestic Partner		<b>Number of Dependents</b>		
<b>Spouse*</b>	Spouse Name:			Spouse's Passport Number:	
	Spouse Maiden Name:			Spouse's Citizenship:	
	DOB(MDY)	Country of Birth	City of Birth	Spouse's Other Country Citizenship:	
<b>Relation</b>	Explain relation to other Applicants:				

**Note: Make additional copies of this page for more than one Co-Applicant. Name must be consistent with legal document. Listed on previous section IV (Background information) and also all the persons signing in Section XII (Signatory Page)**



Customer Name:	(PHC)	Customer Number:
----------------	-------	------------------

### V.b Additional Information for Shareholders – Personal Information

#### Co-Applicant

Name*	First Names:  Last Names:				
Date of Birth	Month:	Day:	Year:		
Citizenship	Country of Birth:		City of Birth:		
	<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> U.S. or Puerto Rico Resident <input type="checkbox"/> U.S. Permanent Resident Alien(green card) <input type="checkbox"/> Non-U.S. /Country of Citizenship:		Other Countries of Citizenship:		
Home Address (Residential)			<b>Mailing Address (If different from home address)</b>		
	City	State		City	State
Country	Zip	Country	Zip		
E-Mail Address	Personal E-Mail				
Phones	Home		Mobile		
	Fax		Other		
Passport	ID No.	Country of Issue		Exp Date	
Drivers License	ID No.	Country of Issue		Exp Date(MDY)	
Other Document	ID No.	Type		Exp Date(MDY)	
Profession			Industry Code:		
Education	<input type="checkbox"/> High School Degree <input type="checkbox"/> Technical Degree <input type="checkbox"/> 4 Year College Degree		<input type="checkbox"/> Graduate Degree <input type="checkbox"/> Doctoral Degree <input type="checkbox"/> Other		
Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widow <input type="checkbox"/> Domestic Partner		Number of Dependents		
Spouse*	Spouse Name:		Spouse's Passport Number:		
	Spouse Maiden Name:		Spouse's Citizenship:	Spouse's Other Country Citizenship:	
	DOB(MDY)	Country of Birth	City of Birth		
Relation	Explain relation to other Applicants:				

**Note: Make additional copies of this page for more than one Co-Applicant. Name must be consistent with legal document. Listed on previous section IV (Background information) and also all the persons signing in Section XII (Signatory Page)**



Customer Name:	(PHC)	Customer Number:
----------------	-------	------------------

**V.b Additional Information for Shareholders – Personal Information**

<input type="checkbox"/> <b>Applicant / <input type="checkbox"/> Co-Applicant</b>		<input type="checkbox"/> <b>Co-Applicant/Joint</b>			
Status	<input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Retired <input type="checkbox"/> Not Employed	Status	<input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Retired <input type="checkbox"/> Not Employed		
Employer					
Job Title					
Employer Address					
	City	State			
	Country	Zip			
Phones	Work		Phones	Work	
	Fax			Fax	
	Mobile			Mobile	
E-Mail					
Web URL					
If Self-employed, please provide tax ID number			If self-employed, please provide tax ID number		
Current Employer	Start Date	Years of Work	Current Employer	Start Date	Years of Work
	Industry	Business Line		Industry	Business Line
Previous Employer (If less than 2 years)	Name		Previous Employer (If less than 2 years)	Name	
	City	Country		City	Country
	Start Date	Years of Work		Start Date	Years of Work
Notes			Notes		

**Note: Make additional copies of this page for more than one Co-Applicant. Name must be consistent with legal document. Listed on previous section IV (Background information) and also all the persons signing in Section XII (Signatory Page)**



Customer Name:	(PHC)	Customer Number:
----------------	-------	------------------

**V.c Additional Information for Shareholders - Financial Information**

<input type="checkbox"/> <b>Applicant / <input type="checkbox"/> Co-Applicant</b>			<input type="checkbox"/> <b>Co-Applicant/Joint</b>		
<b>Annual Income (\$)</b>	Earnings from employment	Other Income*	<b>Annual Income (\$)</b>	Earnings from employment	Other Income*
*Explain:			*Explain:		
<b>Source of Wealth</b>	<input type="checkbox"/> Professional Employment <input type="checkbox"/> Sale of Real Estate <input type="checkbox"/> Other, Specify: .....	<input type="checkbox"/> Inheritance <input type="checkbox"/> Investments	<b>Source of Wealth</b>	<input type="checkbox"/> Professional Employment <input type="checkbox"/> Sale of Real Estate <input type="checkbox"/> Other, Specify: .....	<input type="checkbox"/> Inheritance <input type="checkbox"/> Investments
<b>Monthly Expenses(\$)</b>			<b>Monthly Expenses(\$)</b>		
<b>Principal Residence</b>	<input type="checkbox"/> Own <input type="checkbox"/> Rent	Estimated Value	<b>Principal Residence</b>	<input type="checkbox"/> Own <input type="checkbox"/> Rent	Estimated Value
<b>Net Worth(\$)</b>			<b>Net Worth(\$)</b>		
<b>Liquid Net Worth (\$)</b>	Cash, Cash-Equivalent and marketable securities only. Exclude Principal Residence.		<b>Liquid Net Worth (\$)</b>	Cash, Cash-Equivalent and marketable securities only. Exclude Principal Residence.	

**V.d Additional Information for Shareholders - References**

<input type="checkbox"/> <b>Applicant / <input type="checkbox"/> Co-Applicant</b>			<input type="checkbox"/> <b>Co-Applicant/Joint</b>		
<b>Bank Reference</b>	Bank Name		<b>Bank Reference</b>	Bank Name	
	Contact	Telephone		Contact	Telephone
<b>Reference #1</b>	Name		<b>Reference #1</b>	Name	
	Contact	Telephone		Contact	Telephone
	Relation to Applicant			Relation to Applicant	
<b>Reference #2</b>	Name		<b>Reference #2</b>	Name:	
	Contact	Telephone		Contact	Telephone
	Relation to Applicant			Relation to Applicant	
<b>Account Statements</b>	<input type="checkbox"/> Copies of last 3 statements included		<b>Account Statements</b>	<input type="checkbox"/> Copies of last 3 statements included	

**Note: Make additional copies of this page for more than one Co-Applicant. Name must be consistent with legal document. Listed on previous section IV (Background information) and also all the persons signing in Section XII (Signatory Page)**



Customer Name:	(PHC)	Customer Number:
----------------	-------	------------------

#### VI. Portfolio Expected Activity for PHC

Describe proposed account usage					
Expected Monthly Average Balance	<input type="checkbox"/> 0 to 25,000 <input type="checkbox"/> 25,001 to 50,000 <input type="checkbox"/> 50,001 to 100,000 <input type="checkbox"/> 100,000 +				
<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semiannual <input type="checkbox"/> Annual	Estimated Average Activity		\$	€	
	Inbound	Activity	Number	Amount	Number
		Incoming Wires Transfers			
		Check Deposits			
	Outbound	Other Credits/Deposits			
		Outgoing Wire Transfers			
		Bank/Official Checks			
		Debit Card Transactions			
	Internal	Other Debits			
		Own Account Portfolios			
Third Parties (Accounts/Portfolio)					

#### VII. Account Funding Information

Method	<input type="checkbox"/> By Check (Please make check payable to yourself, endorse it and write on the back "For Deposit Only.") <input type="checkbox"/> By Wire Transfer		
Bank Name			
Expected Funding Amount	<input type="checkbox"/> USD Amount:	<input type="checkbox"/> Euros Amount:	<input type="checkbox"/> Other Amount:

#### VIII. Account Reporting & Communications

Correspondence	<input type="checkbox"/> Electronic format only (E-Mail) <input type="checkbox"/> Send correspondence by regular mail only			
Correspondence Mailing Address	Use <input type="checkbox"/> Work <input type="checkbox"/> Other:	Street		
		City		State
		Country		Zip
Language	<input type="checkbox"/> English / Inglés <input type="checkbox"/> Spanish / Español			
Preferred Mode of Contact	<input type="checkbox"/> Telephone <input type="checkbox"/> E-Mail <input type="checkbox"/> Fax <input type="checkbox"/> Personal Visit <input type="checkbox"/> Special Instructions:			



Customer Name:	(PHC)	Customer Number:
----------------	-------	------------------

## IX. Internet Banking

Internet Banking Services	To request Internet Services, <b>Form STIBT 2039 for PHC must be completed.</b>
User ID's and Passwords	Bank will send new Main User ID and temporary Password to the Main Account E-Mail address or to the designated Corporate Internet Banking Administrator.

## X. Banking Services

Portfolio/ Money Market Account	[✓] US Dollar Account (required)      [✓] Euro Account (required)		
	Other Money Market Currencies: <input type="checkbox"/> GBP <input type="checkbox"/> CAD <input type="checkbox"/> AUD <input type="checkbox"/> JPY <input type="checkbox"/> CHF <input type="checkbox"/> Other: _____		
	<b>Requirement</b> - StateTrust International Bank & Trust, LLC., requires both a US Dollar and Euro Money Market accounts. In addition to the required US Dollar & Euro Cash accounts, the Customer can optionally define other currencies for its Money Market Accounts.		
Other STIBT Banking Services of Interest	<input type="checkbox"/> WorldPass Portfolios <input type="checkbox"/> Foreign Exchange <input type="checkbox"/> Overdrafts <input type="checkbox"/> Investment <input type="checkbox"/> Euro Money Market <input type="checkbox"/> Bill Payments <input type="checkbox"/> Line of Credit <input type="checkbox"/> Portfolio Management <input type="checkbox"/> Sweep Account <input type="checkbox"/> Loans <input type="checkbox"/> Credit Cards <input type="checkbox"/> Trust Services <input type="checkbox"/> Time Deposits <input type="checkbox"/> Letters of Credit <input type="checkbox"/> Debit Cards <input type="checkbox"/> Retirement Planning Services <input type="checkbox"/> Indexed CDs <input type="checkbox"/> Collections <input type="checkbox"/> E-Cards & Prepaid <input type="checkbox"/> Family Foundations		

## XI. Banking Objectives

Risk Profile	<input type="checkbox"/> Low	<input type="checkbox"/> Moderate	<input type="checkbox"/> Aggressive	If low profile chosen, no currency transfers shall be allowed on the internet.		
Investment Horizon	<input type="checkbox"/> Short-Term	<input type="checkbox"/> Medium-Term	<input type="checkbox"/> Long-Term			
Investment Objective	<input type="checkbox"/> Create recurring income		<input type="checkbox"/> Capital Protection	<input type="checkbox"/> Wealth Creation	<input type="checkbox"/> Other	
Investment Experience	<input type="checkbox"/> CD/TD		<input type="checkbox"/> Bonds	<input type="checkbox"/> Stocks	<input type="checkbox"/> Commodities	<input type="checkbox"/> Options <input type="checkbox"/> Hedging
Years of Investment Experience	<input type="checkbox"/> 1 to 5 Yrs		<input type="checkbox"/> 5 to 10 Yrs	<input type="checkbox"/> 10 to 15 yrs	<input type="checkbox"/> 15 to 20 yrs	<input type="checkbox"/> More than 20 yrs



Customer Name:

(PHC)

Customer Number:

**XII. Banking Signature Registry (Authorized Persons) and Corporate Resolution Certification**

<b>Signature Types</b>	<input type="checkbox"/> A Type "A" signers <u>one</u> signature required <input type="checkbox"/> B Type "B" signers <u>two</u> signatures required		Unless special instructions are specified in writing, full equal Internet access will be granted to all Signers.  <i>For security reasons, please cross out all empty signature boxes and mark the A/B type signature boxes.</i>		
<b>Signer 1</b>	Signature	<input type="checkbox"/> A	<input type="checkbox"/> B	<b>Signer 4</b>  Print Full Name: Title: _____ Date: _____	
	Print Full Name: Title: _____ Date: _____				
<b>Signer 2</b>	Signature	<input type="checkbox"/> A	<input type="checkbox"/> B	<b>Signer 5</b>  Print Full Name: Title: _____ Date: _____	
	Print Full Name: Title: _____ Date: _____				
<b>Signer 3</b>	Signature	<input type="checkbox"/> A	<input type="checkbox"/> B	<b>Signer 6</b>  Print Full Name: Title: _____ Date: _____	
	Print Full Name: Title: _____ Date: _____				
<b>Special Conditions (subject to bank approval)</b>	Type "A" Signatures		Type "B" Signatures		
	Special Instructions Attached: <input type="checkbox"/>				
<b>Corporate Resolution Certification</b>	By signing this Banking Signature Registry and Corporate Resolution Certification, we certify that the following reflects the contents of a resolution duly adopted by the Board of Directors of the Corporation and not subsequently rescinded or modified were it was authorized that Portfolio(s)/Account(s) be opened at StateTrust International Bank & Trust, LLC. ("STIBT"), and authorize STIBT to accept instructions from any of the above signatories to open/close/modify portfolios, accounts, make fund movements, wire transfer requests and investments, apply for credit, and request other services, without our further original signature and as described in more detailed on Section X or its equivalents as it may change from time to time of the Universal Banking Agreement (General Terms and Conditions). We acknowledge receipt of the Universal Banking Agreement (General Terms and Conditions) and accept the terms and conditions contained therein. We agree to follow STIBT security procedures, to provide our signature upon request, and any other clauses defined in the Universal Banking Agreement (General Terms and Conditions). STIBT may at any time refuse to accept such instructions. We authorize STIBT to record if deemed necessary our telephone conversations as evidence of our instructions and for service quality purposes.				
	By:	Full Name:	Date	By:	Full Name:
	Title:			Title:	Date



Customer Name:	(PHC)	Customer Number:
----------------	-------	------------------

### XIII. Security Procedures

<b>Disclosure</b>	When the Customer transmits a payment instruction to the Bank by means of Electronic Banking, E-Mail, Fax or letter, and that transfer exceeds the <b>Minimum Security Amount Level</b> , as defined from time-to-time by the Bank, the Bank proceeds to call-back one or more Authorized Persons, at the discretion of the Bank to confirm and authenticate the payment instructions received by the Bank.  Please note that payment instructions may not be executed until the Security Procedure is completed in a satisfactory manner to the Bank.  <b>Minimum Security Amount Level: USD 0.00 (All transactions may be subject to the Call-Back verification procedure)</b>			
<b>Selection of Security Feature</b>	<input type="checkbox"/> CAD Mobile <input type="checkbox"/> CAD Physical	Name:  Name:  Name:  Name:	Mobile No.:  Mobile No.:  Mobile No.:  Mobile No.:	Model No.:  Model No.:  Model No.:  Model No.:

### XIV. Certifications

<b>Is/Are Account Signer(s) or participants United States Person(s)?</b>	<input type="checkbox"/> Not a U.S. or P.R. person <input type="checkbox"/> Yes a U.S. or P.R. person If Yes, please specify:    U.S.Citizen <input type="checkbox"/> U.S. or Puerto Rico resident <input type="checkbox"/> U.S.Resident Alien <input type="checkbox"/>	
	Please complete Form W-8BEN if Not US or PR-Person, otherwise complete Form W-9 for each registered signature <input type="checkbox"/> Form W-8BEN Completed <input type="checkbox"/> Form W-9 Completed	
	Corporate accounts: <input type="checkbox"/> A foreign partnership <input type="checkbox"/> A foreign simple trust <input type="checkbox"/> A foreign grantor trust <input type="checkbox"/> A foreign government <input type="checkbox"/> An international organization <input type="checkbox"/> A foreign central bank <input type="checkbox"/> A foreign tax-exempt organization	
<b>Is/Are Account Signer(s) or participants Politically Exposed Person(s)?</b>	Is/Are Account Signer(s) or participants Politically Exposed Person(s), or planning to be senior political figure(s)? <input type="checkbox"/> No <input type="checkbox"/> Yes "Senior political figure" is a current or former senior official in the executive, legislative, administrative, military or judicial branches of a foreign government, a senior official or a major foreign political party or a senior executive of a foreign government owned corporation. In addition, a "Senior political figure" includes any corporation, business or other entity that has been formed by, or for the benefit of, a senior political figure.	
	Is or will Account Signer(s) or participants be the immediate family of a senior political figure? <input type="checkbox"/> No <input type="checkbox"/> Yes "Immediate family" includes the figure's parents, siblings, spouse, children, and in-laws".	
	Is or will Account Signer(s) or participants close associate(s) of senior political figure(s)? <input type="checkbox"/> No <input type="checkbox"/> Yes "Close associate" is a person who is a widely and publicly known to maintain an unusually close relationship with the senior foreign political figure, and includes a person who is in a position to conduct substantial domestic and international financial transactions on behalf of the senior foreign political figure.	
<b>Related Party to StateTrust Company or affiliates?</b>	Are there shareholders, Board members or officers of the Company that are related to StateTrust Company or affiliates? <input type="checkbox"/> StateTrust Agent <input type="checkbox"/> StateTrust Staff If yes, describe - Office:                  Code:                  Name:                  Position:	
<b>Notes</b>		



Customer Name:

(PHC)

Customer Number:

#### XV. Agreement/Signature

The Customer hereby certifies, under penalties of perjury, that: (a) He/She has reviewed the information contained in this Personal Holding Company Application; (b) All information and documentation furnished to the Bank is true, correct and complete in all respects; (c) Customer will promptly inform the Bank of any changes in such information; (d) Customer understands that the Bank's Universal Banking Agreement (General Terms and Conditions) regarding accounts are subject to change; (e) Funds now or hereafter deposited in the Customer's account(s) with the Bank belong to the Customer (or if the Customer is not the ultimate beneficiary, the Customer commits to disclose the identity of the owner and relevant related information to the Bank). The Customer understands that the funds deposited in its account(s) are not insured by the US Federal Deposit Insurance Corporation or any government agency.

By signing this Personal Holding Company Application, the Customer acknowledges receipt of and agrees to be bound by all the provisions contained in the Bank's Universal Banking Agreement (General Terms and Conditions) regarding accounts and services.

Signature	Signature		
Full Name:	Date:	Full Name:	Date:
Title	Title		

#### For Bank Use only

Referral Agent	Code:	Cost Center:	Previous STG Customer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
Supervisor Code			Date Completed	
Office Manager Code			Date Submitted	
Referral Office Code			Operator Name	
Referral Office Name			Country Risk Level	<input type="checkbox"/> Overall Risk <input type="checkbox"/> Risk Factor

Additional Notes:

Referral Agent	Date (MDY)	Compliance Officer	Date (MDY)
Manager	Date (MDY)	Executive Manager	Date (MDY)