

Commercial Customer Due Diligence (CDD) Questionnaire

1. Full Legal Name:

2. Trade Name or DBA:

NAICS Code, if known: _____ Describe your products and services below:

3. Business Type (Circle one): Corporation, Sole Proprietorship, Partnership, LLC, LLP, Other (explain):

Account Info:	Account # _____	Account Type _____
	Account # _____	Account Type _____
	Account # _____	Account Type _____
	Account # _____	Account Type _____

4. Principals or Owners of the Entity – Attach additional sheets if necessary.

5. How long have you owned this business? _____ years _____ months _____ Check if Not Applicable.

6. How long have you managed this business? _____ years _____ months _____ Check if Not Applicable.

7. What percentage of your gross revenue is derived from money services (for example, check cashing, selling or redeeming travelers checks, money transmission)? _____

8. List each of your owned business locations below. Attach additional sheets if necessary.

9. Describe your USA market area and customer base. Check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> Local county residents | <input type="checkbox"/> Local statewide residents |
| <input type="checkbox"/> Multi-state area residents | <input type="checkbox"/> USA citizens |
| <input type="checkbox"/> International customers, regardless of citizenship. If checked, please describe your primary target market and any other customer groups to whom you market your services. | |

10. List each agent or franchise that provides services under an agreement with your firm. Attach additional sheets if necessary.

11. What types of state business licenses do you hold? Please attach copies of the licenses to this questionnaire.

- | | |
|---|---|
| <input type="checkbox"/> General business license | <input type="checkbox"/> Special purpose business license |
| <input type="checkbox"/> Check Cashing business license | <input type="checkbox"/> Money Transmitter business license |
| <input type="checkbox"/> Other business license _____ | |

12. What types of banking services do you expect to use at our financial institution on a **monthly** basis?

- | | | |
|--|---|---------------------------|
| <input type="checkbox"/> Currency deposits or withdrawals | Number _____ | Average Amount _____ |
| <input type="checkbox"/> Check deposits | Number _____ | Average Amount _____ |
| <input type="checkbox"/> US currency exchanges | Number _____ | Average Amount _____ |
| <input type="checkbox"/> International currency exchanges | Number _____ | Average Amount _____ |
| <input type="checkbox"/> Domestic wire services | Number _____ | Average Amount _____ |
| <input type="checkbox"/> International wire services | Number _____ | Average Amount _____ |
| <input type="checkbox"/> Receipt of ACH transactions | Number _____ | Average Amount _____ |
| <input type="checkbox"/> Receipt of ACH IAT transactions | Number _____ | Average Amount _____ |
| <input type="checkbox"/> Origination of ACH transactions | Number _____ | Average Amount _____ |
| <input type="checkbox"/> Internet banking services | Number _____ | Average Amount _____ |
| <input type="checkbox"/> Remote deposit capture (RDC) services | Number _____ | Average Amount _____ |
| <input type="checkbox"/> Privately-owned ATMs | Number _____ | Average \$ Required _____ |
| <input type="checkbox"/> Nondeposit investment transactions | Number _____ | Average Amount _____ |
| <input type="checkbox"/> Purchase of official checks, travelers checks or other negotiable items | Number _____ | Average Amount _____ |
| <input type="checkbox"/> Safe deposit box | Box Size Preferred _____ | |
| <input type="checkbox"/> Safe deposit box access | Weekly ____ Monthly ____ Quarterly or Less ____ | |
| <input type="checkbox"/> Please describe other services not listed here: | | |

13. Which branches do you intend to use in the conduct of your business?

Business Representative Completing the Questionnaire:

_____ Print Name	_____ Title
_____ Business Representative Signature	_____ Date

Bank Representative Receiving the Questionnaire:

_____ Print Name	_____ Title
_____ Bank Representative Signature	_____ Date