



FIRST COMMERCIAL BANK, LTD. LOS ANGELES BRANCH

ACCOUNT PROFILE – INDIVIDUAL CUSTOMERS

Complete this form to obtain information regarding the customer's intended use (or actual use for subsequent reviews) for the account.

PART I. GENERAL INFORMATION			
Customer ID #:	Tax ID Number:	Date Opened:	
Account Name:			
Permanent Address:			
Mailing Address:			
Telephone #:	Fax #:	E-Mail Address:	
Referred By:			
Account Purpose:			
Source of Revenue/Income:			
Account Type: <small>(Check all apply)</small>	<input type="checkbox"/> Individual Checking: _____ <input type="checkbox"/> Individual Saving: _____ Opening Deposit \$ _____ <input type="checkbox"/> by Check <input type="checkbox"/> by Wire Transfer: from _____ <input type="checkbox"/> Other: _____ Source of Funds: _____		
	<input checked="" type="checkbox"/> Individual TCD: # _____ Opening Deposit \$ _____ <input type="checkbox"/> by Check <input type="checkbox"/> by Wire Transfer: from _____ <input type="checkbox"/> Other: _____ Source of Funds: _____		
	<input type="checkbox"/> Individual Loan: _____ Loan Type: _____ Loan Purpose: _____		
Part II. Information About the Individual Customer			
Does customer currently have other accounts or services with the Branch? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", what accounts or services does the customer have with the Branch? _____			
Does customer's residence or business address near the Branch? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No", why did customer choose the Branch? _____ <small>(Note: Consult an officer if the borrower's/guarantor's/trustee's residence/business is not near the Branch and borrower/guarantor/trustee has no other relationship with FCBLA or the Head Office.)</small>			
Will there be a Power of Attorney (POA) on this account? <input type="checkbox"/> Yes: Name _____ <input type="checkbox"/> No <small>(Note: For POA, obtain POA form and information and identification for the attorney-in-fact.)</small>			
For foreign customers with a U.S. address, please explain: _____			
Part III. Information About Principals/ Guarantors/ Authorized Signers/ Trustees			
Name	1	2	3
Title	1	2	3
Home Address	1	2	3
City/State/ZIP	1	2	3
Home Phone No.	1	2	3
E-mail Address	1	2	3
Social Security No.	1	2	3
Primary ID (for example, valid D/L, Passport, Alien Registration, etc.)	Type:	Type:	Type:
	No.:	No.:	No.:
	Where Issued:	Where Issued:	Where Issued:



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	Date Issued:	Date Issued:	Date Issued:
	Exp. Date:	Exp. Date:	Exp. Date:
Secondary ID (valid Law Enforcement ID, Government ID, major credit card, current utility bill)	Type:	Type:	Type:
	No.:	No.:	No.:
	Where Issued:	Where Issued:	Where Issued:
	Date Issued:	Date Issued:	Date Issued:
	Exp. Date:	Exp. Date:	Exp. Date:
Date of Birth	1	2	3
Place of Birth	1	2	3
Occupation	1	2	3
Mother's Maiden Name	1	2	3
Senior Foreign Official	---Select One--- If yes, what position and where?	---Select One--- If yes, what position and where?	---Select One--- If yes, what position and where?

Senior Foreign Official is/was defined as "a senior officer in the executive, legislative, administrative, military or judicial branches of a foreign government (whether elected or not), a senior official of a major foreign political party, or a senior executive of a foreign government-owned corporation.

Part IV. Expected Account Activities/Usage

Anticipated Profile: Please describe anticipated activities:

Personal Annual Income: \$ _____	
Expected Monthly Wire: <input type="checkbox"/> Less than 20 transactions <input type="checkbox"/> More than 20 but less than 50 transactions <input type="checkbox"/> Over 50 transactions	Expected Average Monthly Wire Amount: <input type="checkbox"/> Less than \$50,000 <input type="checkbox"/> More than \$50,000 but less than \$100,000 <input type="checkbox"/> Over \$100,000
Expected Wire Entity: <input type="checkbox"/> Government or State-owned Companies <input type="checkbox"/> Public Companies <input type="checkbox"/> Private Companies <input type="checkbox"/> Individuals and the Relationship: _____	Expected Wire Destination: <input type="checkbox"/> Domestic <input type="checkbox"/> International Countries: _____
Expected Loan Payment Activities (if loan relationship is established with the Branch): <input type="checkbox"/> Term Loan with monthly payment of \$ _____ <input type="checkbox"/> Revolving Loan	
Expected Trade Finance Activities (if loan relationship is established with the Branch): <input type="checkbox"/> Yes <input type="checkbox"/> No	



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Part V. Beneficial Owner or Controlled Management

1. Are you the beneficial owner who owns at least 25% or more shares of a company? Please specify each owner's % if it's a joint account.

☐ Yes. I, (name) _____, own _____ % at (company name) _____.

☐ No.

2. Are you the controlled management, such as CEO, CFO, President or Secretary, of a company? Please specify each owner's management position if it's a joint account.

☐ Yes. I'm the (management position) _____ at (company name) _____.

☐ No.

Part VI. Review Process

Completed By: _____

Initial: _____

Date: _____

The secondary review officers **MUST** review and ensure all the appropriate information is complete and accurate in this worksheet before signing the bottom.

Department Manager

Approved By: _____ Date: _____

Compliance Department

Approved By: _____ Date: _____