



# FIRST COMMERCIAL BANK, LTD. LOS ANGELES BRANCH

## ACCOUNT PROFILE – COMMERCIAL 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:					
Business Name:							
Business Address:							
Mailing Address:							
Telephone #:	Fax #:	Web Address:					
Referred By:							
Account Purpose:							
Source of Revenue/Income:							
<b>Account Type:</b> <small>(Check all apply)</small>	<input type="checkbox"/> <b>Commercial Checking:</b> _____ <input type="checkbox"/> <b>Commercial Saving:</b> _____ <b>Opening Deposit \$</b> _____ <input type="checkbox"/> <b>by Check</b> <input type="checkbox"/> <b>by Wire Transfer: from</b> _____ <input type="checkbox"/> <b>Other:</b> _____ <b>Source of Funds:</b> _____						
	<input type="checkbox"/> <b>Commercial TCD: #</b> _____ <b>Opening Deposit \$</b> _____ <input type="checkbox"/> <b>by Check</b> <input type="checkbox"/> <b>by Wire Transfer: from</b> _____ <input type="checkbox"/> <b>Other:</b> _____ <b>Source of Funds:</b> _____						
	<input type="checkbox"/> <b>Commercial Loan:</b> _____ <b>Loan Type:</b> _____ <b>Loan Purpose:</b> _____						
Part II. Information About the Business							
<b>Business Ownership:</b> <input type="checkbox"/> <b>Sole Ownership</b> <input type="checkbox"/> <b>Partnership</b> <input type="checkbox"/> <b>Corporation</b> <input type="checkbox"/> <b>LLC</b> <input type="checkbox"/> <b>LLP</b> <input type="checkbox"/> <b>Other</b> _____							
<b>Documents necessary for Business Account:</b> <table style="width: 100%; border: none;"> <tr> <td style="width: 25%; vertical-align: top;"> <u><b>Sole Owner</b></u>            • Fictitious Business Name Statement            • Proof of Publication         </td> <td style="width: 25%; vertical-align: top;"> <u><b>Partnership</b></u>            • Partnership Agreement            • Fictitious Business Name Statement            • Proof of Publication         </td> <td style="width: 25%; vertical-align: top;"> <u><b>Corporation</b></u>            • Article of Incorporation            • Statement by Domestic Stock            • Corporation Resolution         </td> <td style="width: 25%; vertical-align: top;"> <u><b>Limited Liability Co (LLC)</b></u>            • Article of Organization (LLC-1)            • Statement of Information (LLC-12)            • Operating Agreement         </td> </tr> </table>				<u><b>Sole Owner</b></u> • Fictitious Business Name Statement • Proof of Publication	<u><b>Partnership</b></u> • Partnership Agreement • Fictitious Business Name Statement • Proof of Publication	<u><b>Corporation</b></u> • Article of Incorporation • Statement by Domestic Stock • Corporation Resolution	<u><b>Limited Liability Co (LLC)</b></u> • Article of Organization (LLC-1) • Statement of Information (LLC-12) • Operating Agreement
<u><b>Sole Owner</b></u> • Fictitious Business Name Statement • Proof of Publication	<u><b>Partnership</b></u> • Partnership Agreement • Fictitious Business Name Statement • Proof of Publication	<u><b>Corporation</b></u> • Article of Incorporation • Statement by Domestic Stock • Corporation Resolution	<u><b>Limited Liability Co (LLC)</b></u> • Article of Organization (LLC-1) • Statement of Information (LLC-12) • Operating Agreement				
<b>Certification of Registration #:</b> _____ <b>Where Issued:</b> _____ <b>Date Issued:</b> _____							
<b>Non-Documentary Methods of Identification</b>	<input type="checkbox"/> <b>Telephone Call</b> <input type="checkbox"/> <b>Site Visit</b> <input type="checkbox"/> <b>Financial Statement</b> <input type="checkbox"/> <b>Credit Report/Other Public Database</b>						
<input type="checkbox"/> <b>Previous Bank References</b> <input type="checkbox"/> <b>Other:</b> _____							
Describe "other" non-documentary methods used to identify the customer. Attach available documentation to this profile: _____							
<b>Please check and specify type of business:</b> <input type="checkbox"/> <b>Domestic - US</b> <input type="checkbox"/> <b>Foreign – Name of Country:</b> _____ <b>Foreign Registration ID:</b> _____							
<b>Please check the nature of business: NAICS Code:</b> _____ <input type="checkbox"/> <b>Retail:</b> _____ <input type="checkbox"/> <b>Wholesale:</b> _____ <input type="checkbox"/> <b>Manufacturing:</b> _____ <input type="checkbox"/> <b>Import/Export:</b> _____ <input type="checkbox"/> <b>Service provider:</b> _____ <b>To/From Country(ies):</b> _____ <input type="checkbox"/> <b>Other:</b> _____							
<b>Note: The Branch does not establish accounts for money services business and internet gambling businesses.</b>							
<b>Is principal's/guarantor's/trustee's residence/business address near the Branch?</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> <b>If "No", why did borrower/guarantor choose the Branch?</b> _____ <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>							



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Does the customer conduct trade finance activities under this loan relationship? ☐ Yes ☐ No  
Explain: \_\_\_\_\_

**NOTE:** For existing customers, please include a 12-month history of trade finance activity, including the types and amounts. A 12-month history can be attached, if preferred.

### Part III. Information About Principals/ Guarantors/ Authorized Signers/ Trustees

<b>Name</b>	1	2	3
<b>Title</b>	1	2	3
<b>Home Address</b>	1	2	3
<b>City/State/ZIP</b>	1	2	3
<b>Home Phone No.</b>	1	2	3
<b>Cell Phone No.</b>	1	2	3
<b>E-mail Address</b>	1	2	3
<b>Social Security No.</b>	1	2	3
<b>Primary ID (for example, valid D/L, Passport, Alien Registration, etc.)</b>	<b>Type:</b>	<b>Type:</b>	<b>Type:</b>
	<b>No.:</b>	<b>No.:</b>	<b>No.:</b>
	<b>Where Issued:</b>	<b>Where Issued:</b>	<b>Where Issued:</b>
	<b>Date Issued:</b>	<b>Date Issued:</b>	<b>Date Issued:</b>
	<b>Exp. Date:</b>	<b>Exp. Date:</b>	<b>Exp. Date:</b>
<b>Secondary ID (valid Law Enforcement ID, Government ID, major credit card, current utility bill)</b>	<b>Type:</b>	<b>Type:</b>	<b>Type:</b>
	<b>No.:</b>	<b>No.:</b>	<b>No.:</b>
	<b>Where Issued:</b>	<b>Where Issued:</b>	<b>Where Issued:</b>
	<b>Date Issued:</b>	<b>Date Issued:</b>	<b>Date Issued:</b>
	<b>Exp. Date:</b>	<b>Exp. Date:</b>	<b>Exp. Date:</b>
<b>Date of Birth</b>	1	2	3
<b>Place of Birth</b>	1	2	3
<b>Mother's Maiden Name</b>	1	2	3
<b>Senior Foreign Official</b>	---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

**Anticipated Profile:** Please describe anticipated activities:

<b>Estimated Annual Sales Volume: \$</b> _____	
<b>Expected Monthly Wire:</b> <input type="checkbox"/> Less than 20 transactions <input type="checkbox"/> More than 20 but less than 50 transactions <input type="checkbox"/> Over 50 transactions	<b>Expected Average Monthly Wire Amount:</b> <input type="checkbox"/> Less than \$250,000 <input type="checkbox"/> More than \$250,000 but less than \$500,000 <input type="checkbox"/> Over \$500,000
<b>Expected Wire Entity:</b> <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: _____	<b>Expected Wire Destination:</b> <input type="checkbox"/> Domestic <input type="checkbox"/> International Countries: _____



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Expected Loan Payment Activities (if loan relationship is established with the Branch):

- ☐ Term Loan with monthly payment of \$ \_\_\_\_\_
- ☐ Revolving Loan

Expected Trade Finance Activities (if loan relationship is established with the Branch):

- ☐ Yes
- ☐ No

**Part V. Beneficial Owner or Controlled Management**

Is the “Declarations by Senior Management or Beneficial Owners” obtained at the account opening and inputted into OBBS?

- ☐ Yes. The Branch has obtained the Declaration/Certification and is inputted into OBBS.
- ☐ No. Account cannot be opened until “Declarations by Senior Management or Beneficial Owners” is received by the Branch!!!

**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: \_\_\_\_\_