



**IMPORTANT INFORMATION ABOUT PROCEDURES FOR
OPENING A NEW ACCOUNT**

To help the government fight the funding of terrorist and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your passport, driver's license or other identifying documents.

All funds and assets contributed to this account are and will be beneficially owned by the Company. The

information given above is true and correct and any change in this information will be made in writing within Thirty (30) days of such change to Stern International Bank LLC.

Stern International Bank LLC may independently verify any information that the Company has provided herein

The applicant to this agreement shall indemnify, defend, protect, hold harmless, and release Stern International Bank LLC, its officers, agents, and employees, from and against any and all claims, loss, proceedings, damages, causes of action, liability, costs, or expense, including attorneys' fees and witness fees, arising from, or in connection with, or caused by, any act, failure to act, or negligence of such indemnifying party, to the extent limited in accordance with the laws of the United States and the Commonwealth of Puerto Rico.

Authorized Person Submitting Application on Behalf of the Organization:

Print Authorized Signer Name:

Signature:

Date:



CORPORATE ACCOUNTS
Account Opening Application Form

COMPANY DETAILS	
Name of Company:	Date:
Date of Registration:	Registration No.:
Country of Registration:	
<i>US Companies, including LLC's MUST have an EIN in order to open the account. All other Businesses should have a Tax Identification Number issued by their country of incorporation - Foreign Tax Identification Number (FTIN)</i>	
Employer Identification Number (EIN):	Foreign Tax Identification Number (FTIN):
Type of Company (check one): <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Trust <input type="checkbox"/> Other (please specify): _____	
Is the company publicly traded? <input type="checkbox"/> Yes <input type="checkbox"/> No	Trading Symbol:
Work Phone:	Alternate Work Phone:
Fax:	Mobile Phone:
Mobile Phone and Company Email: By providing an email address and mobile phone number, you agree that we may contact you via email to expedite the account opening process. We might request further information through this channel. You also agree that we may use this email address and mobile phone number for account servicing/maintenance once your account is opened.	
Website:	
Language Preference: <input type="checkbox"/> English <input type="checkbox"/> Russian <input type="checkbox"/> Spanish <input type="checkbox"/> Other (Please Specify): _____	
Registered Address:	Business Operations Address:
City:	City:
Country:	Country:
Province/State/Parish:	Province/State/Parish:
Postal/ZIP Code:	Postal/ZIP Code:
Mailing Address (if different from above):	
City:	Province/State/Parish:
Country:	Postal/ZIP Code:

Initial:
Date:

BUSINESS INFORMATION

Nature of Business:	
Where are Customers Located (Top 10 countries): 1. 2. 3. 4. 5. 6. 7. 8. 9. 10.	Where are Vendors Located (Top 10 countries): 1. 2. 3. 4. 5. 6. 7. 8. 9. 10.
Major Products and Services:	
Projected Yearly Income (USD):	Companies Book Value (USD): Book value is calculated as Assets – Liabilities =Book Value.
Does your company have any government contracts? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what percentage of sales is derived from government contracts? <hr style="width: 40%; margin-left: 0;"/>	

Initial:
Date:



ACCOUNT INFORMATION & ACTIVITY

Type of Account Requested: Trade Finance Facility
 Demand Deposit Account

Purpose of Account (check all that apply):

<input type="checkbox"/> Issuance of Letters of Credit and Guarantees	<input type="checkbox"/> Commercial Loan	<input type="checkbox"/> Commercial
<input type="checkbox"/> Documentary Collection	<input type="checkbox"/> Loan Repayment	<input type="checkbox"/> Treasury
<input type="checkbox"/> Receipt of payment for goods/services sent or sold	<input type="checkbox"/> Operating Account	<input type="checkbox"/> Business Payroll
<input type="checkbox"/> Payment for goods/services received or bought	<input type="checkbox"/> Other: _____	

Anticipated Quantity (#) of Incoming Monthly Transactions:

Anticipated Value (\$) of Incoming Monthly Transactions:

Anticipated Quantity (#) of Outgoing Monthly Transactions:

Anticipated Value (\$) of Outgoing Monthly Transactions:

Amount of Initial Deposit:

What is the Source of Funds for this account? (select from choices below & explain)

Investment Income:

Dividends or Profit from Company:

Company Earnings:

Loan:

Sale of an Asset:

Other (provide details):

For the following Sections of this application, please have each controlling person complete a controlling person form.

Beneficial Owners "UBO(s)": The Natural Persons that "own" the company. They are the beneficial owners of the company because they receive the benefits of the company's success. Each UBO that owns 10% or more must complete a controlling persons form, even if they hold their interest through a parent company, nominee, or other vehicle.

If the company is owned by another company (Parent Company), or multiple parent companies, then each Parent company must complete a Parent Company Form.

Nominee Shareholders: If the Company has nominee shareholders then please have each nominee shareholder complete a controlling person form.

Other Controlling Person: Any other natural persons that is not a UBO but who has significant control over the company such as Directors, Officers, or Senior Managers, should complete a controlling Person Form.

Initial:
Date:



PARENT COMPANY DETAILS	
Name of Company:	Percentage of ownership:
Date of Registration:	Registration No.:
Country of Registration:	
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Employer Identification Number (EIN):	Foreign Tax Identification Number (FTIN):
Type of Company (check one): <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Trust <input type="checkbox"/> Other (please specify): _____	
Is the company publicly traded? <input type="checkbox"/> Yes <input type="checkbox"/> No	Trading Symbol:
Business Operations address:	
City:	Country:
Province/state/Parish:	Postal/ZIP Code:
Phone:	
UBO's full names	UBO's percentage of ownership
1.	
2.	
3.	
4.	
5.	

Initial:
Date:

CONTROLLING PERSON	
Are you the UBO? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what is your ownership %? _____	
If no, Are you a nominee shareholder? <input type="checkbox"/> Yes <input type="checkbox"/> No. If Yes, Who are you the nominee for? _____	
If no, please complete this section for each Senior Management position held (check all that apply)	
<input type="checkbox"/> Director <input type="checkbox"/> Officer: _____ <input type="checkbox"/> Senior Manager <input type="checkbox"/> Other: _____	
Full Name:	
Date of Birth (month-day-year format):	
Residential Address (no PO Box):	
City:	Province/State/Parish:
Country:	Postal/ZIP Code:
Mailing Address (if different from above):	
City:	Province/State/Parish:
Country:	Postal/ZIP Code:
Place of Birth:	Occupation:
Nationality:	Other Citizenship(s):
Identification (Either Unexpired Passport or (2) Unexpired Government ID's)	
ID #1: Type of ID: <input type="checkbox"/> Passport <input type="checkbox"/> National Identification <input type="checkbox"/> Driver's License <input type="checkbox"/> Other _____	
Country of Issue:	ID Number:
Date Issued: Month: Day: Year:	Date Issued: Month: Day: Year:
ID #2: Type of ID: <input type="checkbox"/> Passport <input type="checkbox"/> National Identification <input type="checkbox"/> Driver's License <input type="checkbox"/> Other _____	
Country of Issue:	ID Number:
Date Issued: Month: Day: Year:	Date Issued: Month: Day: Year:
Are you, or a member of your household, a director, 5% (or more) shareholder or policy maker of a Publicly-Held Company? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, specify the name of the Publicly-Held Company and the Person and Position: _____	
Are you, or a member of your household, a Senior Officer of a Financial Institution? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, specify the name of the Financial Institution and the Person and Position: _____	
Are you, or a member of your household, Senior Public Figure? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, specify the name of the country, name and position held: _____	
Phone:	Cell Phone:
Fax:	Email:
Source of wealth:	

Initial:
Date:



- By signing this card, we authorize Stern International Bank LLC to record and monitor our telephone calls as evidence of our instructions and for service quality purposes.
- Agree to be bound by any agreement governing any account opened in the title indicated on this card.
- For all fields where a date is required use U.S. format (month/day/year)

Entity Title: _____

of Authorized Signers: _____

Print Authorized Signer (A) Name:	Date:	Print Authorized Signer (B) Name:	Date:
Signature:		Signature:	
Print Authorized Signer (C) Name:	Date:	Print Authorized Signer (D) Name:	Date:
Signature:		Signature:	

Initial: Date:



ACCOUNT CHECKLIST

The following is a list of documents required to open a Corporate Account with Stern International Bank (SIB), please note that all documents should be in English or Spanish. If original documents are not in English or Spanish a notarized/certified translation must be provided along with a copy of the documents in their original language.

For the Corporation:

- SIB Corporate Account Application
- W-8 BEN-E, W-8 EXP or W-8 IMY, W-9 or as applicable.
- Corporate Resolution for Account Opening & Designation of Signatories for the Account
- Certificate of Incorporation
- Articles of Incorporation/Memorandum/By-Laws/Partnership Agreement/operation agreement (as applicable)
- Certificate of Good Standing
- Shareholder Registry with Percentage (%) of Ownership or Document confirming ownership if the person is a single owner.

Verification of Source of Funds: (Must not be older than three (3) months and it needs to show balance)

- Bank Statement
 - Annual Statement
 - Loan agreement
 - Rent agreement (when the company is the landlord)
 - Most Recent Financial Statements
- Proof of Business Address (NOT a PO Box) in the name of the organization and not an individual (Utility Bill, Bank Statement, Tax Document or correspondence from a government organization). Document must not be older than three (3) months.

For each Director/Authorized Representative, Officer, Beneficial Owner and Controlling Person:

- Copy of an unexpired Passport. If passport not available, please provide 2 government issued ID's. (Example: Driver's License, National ID card or "Cedula")
- Proof of Residential Address (NOT a PO Box) in the name of the individual (Utility Bill, Bank Statement, Tax Document or correspondence from a government organization.) Document must not be older than three (3) months.
- W-8 BEN, W-8 ECI, or W-9 as applicable

If the Corporation is owned by another Corporation(s) (Parent Company) the following documents must be provided for each Corporation in the holding structure:

- Certificate of Incorporation
- Certificate of Good Standing
- Shareholder Registry with Percentage (%) of Ownership
- Proof of Business Address (NOT a PO Box) in the name of the organization and not an individual (Utility Bill, Bank Statement, Tax Document or correspondence from a government organization). Document must not be older than three (3) months.

If the Parent Corporation will serve as source of funds, please provide:

Verification of Source of Funds: (Must not be older than three (3) months and it needs to show balance)

- Bank Statement
- Annual Statement
- Loan agreement
- Rent agreement (when the company is the landlord)
- Most Recent Financial Statements

*Please note that additional documentation may be required during the account opening process.

Documentary Evidence for Source of Funds:

Source	Document to be Provided
Investments	Statement from investment provider or bank statement showing funds and/or settlement from investment provider
Company Earnings	Financial statements
Sale of Assets	Signed letter from – Lawyer/Advocate or Estate Agent or Contract of Sale/settlement statement
Loan	Loan agreement or statement
Dividends or Profits from Company	Company financial statements/ dividend statements

Initial:
Date: