



Individual Customer Questionnaire

Tell Us About Yourself

Name: _____

Citizenship Status (check one)

US Citizen Resident Alien* Non-Resident Alien*

SSN/ITIN: _____ DOB: _____

Country of Citizenship: _____

Physical Address: _____

Resident Alien ID# (for non citizens) _____

(No PO Boxes)

City/State/Zip: _____

Country of Residence: _____

Employer: _____

ID type: _____ ID#: _____ Exp: _____

Occupation: _____

Phone _____

Occupation

industry Code: _____

Home Phone: _____ Cell Phone: _____

Position/Title: _____

Email Address: _____

Do you travel outside the US frequently? _____

How did you hear about us? _____

If yes, which countries? _____

Additional Due Diligence Information

Are you currently or have ever been a foreign political figure?

Yes **If yes, STOP.** Obtain necessary approvals prior to opening
 No

Are you related to a foreign political figure?

Yes **If yes, STOP.** Obtain necessary approvals prior to opening
 No

Are you engaged in marijuana-related business activities (production, transportation or sales)?

Yes **If yes, STOP.** Obtain necessary approvals prior to opening
 No

Is there an interpreter or someone else speaking on behalf of the customer?

Yes **If yes, enter name and SSN of the interpreter in comments**
 No

By signing below, I certify that the information provided is true and correct; furthermore, I authorize American National Bank to verify my information by any means necessary, including preparation of a credit report by a credit reporting agency.

Signature of individual (or authorized representative)

Date

Bank Use Only:

CIF: _____ BSA Approval, if required to open account : _____

Comments: _____

Reviewed By: _____