

PLATINUM BANK

# BUSINESS APPLICATION.

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT: To help the government fight the funding of terrorism 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 an account is opened or a signer added, we will ask for your name, address, date of birth (for individuals) and other information that will allow us to identify you or the business. We may also ask to see your driver's license or other identifying documents.

## SECTION I. GENERAL BUSINESS INFORMATION.

Company Name: \_\_\_\_\_ Fed Tax ID #: \_\_\_\_\_

Additional trade names (DBA): \_\_\_\_\_

Company Physical Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Company Mailing Address (if different from above): \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Web Address: \_\_\_\_\_

Existing Client of Platinum Bank: ☐ Yes ☐ No Referred By: \_\_\_\_\_

## PRIMARY CONTACT INFORMATION

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Primary Cell: \_\_\_\_\_ Direct Business Dial: \_\_\_\_\_ Email: \_\_\_\_\_

Business Organization: \_\_\_\_\_ State of Organization: \_\_\_\_\_

Corporation Type: \_\_\_\_\_

Attorney: \_\_\_\_\_ Firm: \_\_\_\_\_ Phone: \_\_\_\_\_

Accountant: \_\_\_\_\_ Firm: \_\_\_\_\_ Phone: \_\_\_\_\_

## SECTION II. ABOUT YOUR BUSINESS.

What is the business's primary activity? \_\_\_\_\_ NAICS Code: \_\_\_\_\_  
[naics.com/search/](https://naics.com/search/)

What is the primary trade area? \_\_\_\_\_ Does your business operate out of multiple locations? ☐ Yes ☐ No

Is this business a charitable organization or a non-governmental organization (NGO)? ☐ Yes ☐ No

If NGO, what type of organization? \_\_\_\_\_



### SECTION III. EXPECTED ACCOUNT ACTIVITY.

Monthly number of checks written:

Monthly number of items deposited:

Monthly number of incoming wire transfers:

Monthly number of outgoing wire transfers:

Will you initiate international wire transfers? ☐ Yes ☐ No

Anticipated average balance:

Monthly number of deposits made:

Monthly amount of coins / currency deposited:

Monthly amount of incoming wire transfers:

Monthly amount of outgoing wire transfers:

Will you request cash / coin orders? ☐ Yes ☐ No

Source of deposited funds:

### SECTION IV. BENEFICIAL OWNERSHIP.

Please list anyone who directly or indirectly owns 25% or more of the equity interests of the legal entity. If your entity is owned by another entity, please list the ownership of that entity. A separate Signature Profile Form will need to be completed for each beneficial owner and control person.

Owner Name: Title: Email:

Owner Name: Title: Email:

Owner Name: Title: Email:

Owner Name: Title: Email:

Control: List the following formation for one individual with significant responsibility for managing the Company such as an executive officer or senior manager (e.g.) Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer, or any other individual who regularly performs similar functions. This person could also be a beneficial owner. This person will certify the information on the beneficial ownership form.

Control Name: Title: Email:

## SECTION V. SERVICES.

### SERVICES YOU OFFER TO YOUR CLIENTS (CHECK ALL THAT APPLY)

☐ A. Dealer in Foreign Exchange

☐ B. Check Cashing

☐ C. Traveler's Checks or Money Orders

If you checked A, B, or C, does your business engage in transactions greater than \$1,000 for any person on any day in one or more transactions?

☐ Yes ☐ No

☐ D. Prepaid Access

☐ E. Money Transmitter (including virtual currency exchanger and wire money transfer services i.e. MoneyGram, Western Union, etc.)

☐ F. Lottery Sales

☐ G. Third Party Processor

☐ H. Internet Gambling-Related Service

☐ I. ATM Ownership, Operation, and/or Servicing

☐ J. Cannabis

If checked, type:

☐ CBD ☐ Hemp

☐ Marijuana ☐ THC

If checked, percentage of retail gross revenue: \_\_\_\_\_

☐ K. Cryptocurrency

If checked, role:

☐ User ☐ Broker

☐ Miner ☐ Other: \_\_\_\_\_

## SECTION VI.

### AUTHORIZED SIGNER INFORMATION. A separate Signature Profile Form will need to be completed by each signer and loan guarantor.

Name of Signer #1: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_ Signer Authority: \_\_\_\_\_

Name of Signer #2: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_ Signer Authority: \_\_\_\_\_

Name of Signer #3: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_ Signer Authority: \_\_\_\_\_

Name of Signer #4: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_ Signer Authority: \_\_\_\_\_



In signing below, I certify that I am authorized to provide this information on behalf of the applicant business. I certify that I made no misrepresentations in this application or in any related documents, that all information is true and complete, and that I did not omit any important information. This information may be provided to Platinum Bank for the purposes of requesting a loan. It is understood that any property securing the credit or loan will not be used for any illegal or restricted purpose. Platinum Bank may disclose to any other interested parties, information as to Platinum Bank experiences or transactions with applicant accounts. I understand Platinum Bank will retain this application and any other information Platinum Bank receives, even if no loan, deposit account, or other form of credit is granted.

All accounts are subject to verification and approval. Completing and signing this application does not guarantee that Platinum Bank will open an account for you.

### UNLAWFUL INTERNET GAMBLING ENFORCEMENT ACT OF 2006 AND REGULATION GG

In accordance with the requirements of the Unlawful Internet Gambling Enforcement Act of 2006 and Regulation GG, this notification is to inform you that restricted transactions are prohibited from being processed through your account or relationship with our institution. Restricted transactions are transactions in which a person accepts credits, funds, instruments, or other proceeds from another person in connection with unlawful Internet gambling.

By signing below, I certify that this business does not engage in internet gambling. I will notify Platinum Bank in the event of any change in circumstance.

Signature of Authorized Individual

Date

Name \_\_\_\_\_

Title \_\_\_\_\_

