

First National Bank  
Personal CIP/CDD Worksheet

FOR BANK USE ONLY:

- NEW \_\_\_\_\_  
 EXISTING \_\_\_\_\_  
 UPDATE \_\_\_\_\_

To be completed for each signer on the account. Please provide the information requested below:

**PERSONAL INFORMATION:**

Name: (As listed on Social Security Card)

Mr.  Miss  Mrs.  Ms. \_\_\_\_\_

Physical Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Alternate Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security or TIN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Occupation: \_\_\_\_\_

Nature of Deposit: \_\_\_\_\_

Explanation if Cash: \_\_\_\_\_

E-mail: \_\_\_\_\_

**NATURE OF ACCOUNT:**

This is a personal account and should only include personal type activity. Please verify that the following business activity will not be conducted through this account. You must answer the following:

Marijuana  Yes  No

Hemp  Yes  No

**BENEFICIAL OWNERSHIP INFORMATION:**

1) OTHER THAN the person (s) or business listed above, will you be acting on behalf of anyone else?  Yes  No

2) If YES, please name the PERSON(s): \_\_\_\_\_

**ANTICIPATED MONTHLY DEPOSIT ACTIVITY:**

NUMBER OF DEPOSITS: \_\_\_\_\_ AVERAGE AMOUNT OF DEPOSIT:  0.00 - 3,000  3,001 - 10,000  Over 10,000

**PRIMARY IDENTIFICATION:**

Unexpired Driver's License  Unexpired Non-Driver's ID card  Passport  Government or Military Picture ID

**SECONDARY IDENTIFICATION:**

Alien Registration Card  Social Security Card  Birth Certificate  Credit Card  Company ID  Student ID

Utility Bill  Pay Stub

Customer Signature: \_\_\_\_\_ Date \_\_\_\_\_