

Dear Client,

Thank you for your interest in being part of the Elite International Bank and giving us the opportunity to handle your banking needs. We realize your time is valuable, and in order to make the account opening process as simple as possible, we have prepared a welcome kit for you.

We have included a list of the required documents needed to open your account. If you have any questions you can speak directly with your bank representative or you can call our branch at 787-523-9398 Monday through Friday from 9:00 a.m. to 5:00 p.m. Puerto Rico time.

U.S. Commercial Account Documentation Requirements

- Complete Business Customer Profile Form (BCPF).
- Complete original W-9 form for entity.
- Corporate Documents: Articles of Incorporation and/or Operating Agreement containing Directors and Beneficial ownership information.
- Provide current proof of permanent address of the business issued within the last ninety (90) days (i.e. Division of Corporations-Sunbiz, Utility Bill).
- Proof of TIN: Division of Corporations, latest tax return or IRS Letter indicating EIN.
- Proof of Income: Latest tax return, financial statements or last three (3) months of bank issued statements.
- Authorized Signers and beneficial owners (control persons and/or persons with ≥ 10% interest) are each required to
 provide one (1) primary ID, Proof of Address and TIN for US persons, and two (2) primary IDs, Proof of Address and TIN
 for Non-US persons.

NON-U.S. Commercial Account Documentation Requirements

- Complete Business Customer Profile Form (BCPF).
- Completed original W-8BEN-E form for entity.
- Corporate Documents: Articles of Incorporation containing Directors and Beneficial Ownership information at time of incorporation and most recent (i.e. Share Roster, Share Certificates, Acts, Resolutions, Meeting Minutes).
- Provide current proof of permanent address of business issued within the last ninety (90) days (i.e. Country Specific Documents; RIF).
- Company Tax ID document (TIN, RUT, RIF).
- Proof of Income: Latest tax return, financial statements or last three (3) months of bank issued statements.
- One (1) bank issued reference letter with average balances issued within the last ninety (90) days.
- Authorized Signers and beneficial owners (control persons and/or persons with ≥ 10% interest) are each required to
 provide one (1) primary ID, Proof of Address and TIN for US persons, and two (2) primary IDs, Proof of Address and TIN
 for Non-US persons.

^{*}For Complex Structures: Provide organizational chart or diagram of ownership/relationship down to the ultimate natural person(s), most recent Article of Incorporation and shareholder roster certificates for each layer of ownership down to the natural person. Additional documents may be required at the Bank's discretion.



Business Name:				Date:				
CUSTOMER IDENTIFICA	ATION INFO	RMAT	<u>'ION</u>					
Date of Incorporation:				Country of Incorporatio	n:			
Type of TIN/TIN:				Operating Country:				
Physical Address:				1				
NO PO BOX								
Entity Type:				LOB/Industry				
Annual Sales:				Annual Income:				
Company Assets:				Main Source of Funds:				
Email:				Website:				
Referred By:				Phone #(s):				
,					<u>, </u>			
BENEFICIAL OWNERSH	IID							
DEIVERTICIAL OWNERSH	<u></u>							
Full Nam	ie	%	Physical Add	dress (NO PO BOX)	D/O/B	Tax ID No. (TIN)		
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CUSTOMER DUE DILIG	ENCE							
Describe customer's ba		nd hov	v the company be	gan, beneficial owners'	background, in	dustry and line of		
business, customer bas	-		• •	_	_			
partnerships, etc.	-, 3	,	33 · p · · · · · · · · · · · · · · · ·	-,,,	 			
p a								



Business Name: Date:

CIP Notice: To help the government fight the funding of terrorism and money laundering activities, financial institutions are required by Federal law to obtain, verify and record information that identifies each individual or entity that opens an account or requests credit. What this means for individuals: When an individual opens an account or requests credit, we will ask for their name, residence address, date of birth, tax identification number and other information that allows us to identify them. We may also ask to see a driver's license, passport or other identifying documents. What this means for other legal entities: When a corporation, partnership, trust or other legal entity opens an account or requests credit, we will ask for the entity's name, physical address, tax identification number and other information that will allow us to identify the entity. We may also ask to see other identifying documents, such as certified articles of incorporation, partnership agreements or a trust instrument.

Name:				
Account Capacity:				
D/O/B / TIN:				
(1) ID# - Type/Country/				
Issued/Expired:				
(2) ID# - Type/Country/				
Issued/Expired:				
Physical Address <u>(NO PO BOX)</u> :				
Country of Residence/Citizenship:				
U.S. Status:	☐ US Citizen	☐ US Resident	□ NRA	
Industry/Profession/				
# of Yrs:				
Employer/Title/Country:				
Annual Income/Primary Source:				
Net worth/Primary Source:				
Contact Phone #(s):				
Contact Email(s):				
Title in the company and				
relationship to other signers:				
Name:				
Name: Account Capacity:				
Account Capacity: D/O/B / TIN:				
Account Capacity: D/O/B / TIN: (1)ID# - Type/Country/				
Account Capacity: D/O/B / TIN: (1)ID# - Type/Country/ Issued/Expired:				
Account Capacity: D/O/B / TIN: (1)ID# - Type/Country/ Issued/Expired: (2) ID# - Type/Country/				
Account Capacity: D/O/B / TIN: (1)ID# - Type/Country/ Issued/Expired: (2) ID# - Type/Country/ Issued/Expired:				
Account Capacity: D/O/B / TIN: (1)ID# - Type/Country/ Issued/Expired: (2) ID# - Type/Country/				
Account Capacity: D/O/B / TIN: (1)ID# - Type/Country/ Issued/Expired: (2) ID# - Type/Country/ Issued/Expired:				
Account Capacity: D/O/B / TIN: (1) ID# - Type/Country/ Issued/Expired: (2) ID# - Type/Country/ Issued/Expired: Physical Address (NO PO BOX):				
Account Capacity: D/O/B / TIN: (1)ID# - Type/Country/ Issued/Expired: (2) ID# - Type/Country/ Issued/Expired:	□ US Citizen	☐ US Resident	□ NRA	
Account Capacity: D/O/B / TIN: (1)ID# - Type/Country/ Issued/Expired: (2) ID# - Type/Country/ Issued/Expired: Physical Address (NO PO BOX): Country of Residence/Citizenship: U.S. Status:	□ US Citizen	☐ US Resident	□ NRA	
Account Capacity: D/O/B / TIN: (1)ID# - Type/Country/ Issued/Expired: (2)ID# - Type/Country/ Issued/Expired: Physical Address (NO PO BOX): Country of Residence/Citizenship:	□ US Citizen	☐ US Resident	□ NRA	
Account Capacity: D/O/B / TIN: (1)ID# - Type/Country/ Issued/Expired: (2) ID# - Type/Country/ Issued/Expired: Physical Address (NO PO BOX): Country of Residence/Citizenship: U.S. Status: Industry/Profession/	□ US Citizen	☐ US Resident	□ NRA	
Account Capacity: D/O/B / TIN: (1) ID# - Type/Country/ Issued/Expired: (2) ID# - Type/Country/ Issued/Expired: Physical Address (NO PO BOX): Country of Residence/Citizenship: U.S. Status: Industry/Profession/ # of Yrs: Employer/Title/Country:	☐ US Citizen	☐ US Resident	□ NRA	
Account Capacity: D/O/B / TIN: (1)ID# - Type/Country/ Issued/Expired: (2)ID# - Type/Country/ Issued/Expired: Physical Address (NO PO BOX): Country of Residence/Citizenship: U.S. Status: Industry/Profession/ # of Yrs: Employer/Title/Country: Annual Income/Primary Source:	☐ US Citizen	☐ US Resident	□ NRA	
Account Capacity: D/O/B / TIN: (1)ID# - Type/Country/ Issued/Expired: (2)ID# - Type/Country/ Issued/Expired: Physical Address (NO PO BOX): Country of Residence/Citizenship: U.S. Status: Industry/Profession/ # of Yrs: Employer/Title/Country: Annual Income/Primary Source: Net worth/Primary Source:	□ US Citizen	☐ US Resident	□ NRA	
Account Capacity: D/O/B / TIN: (1) ID# - Type/Country/ Issued/Expired: (2) ID# - Type/Country/ Issued/Expired: Physical Address (NO PO BOX): Country of Residence/Citizenship: U.S. Status: Industry/Profession/ # of Yrs: Employer/Title/Country: Annual Income/Primary Source: Net worth/Primary Source: Contact Phone #(s):	☐ US Citizen	☐ US Resident	□ NRA	
Account Capacity: D/O/B / TIN: (1) ID# - Type/Country/ Issued/Expired: (2) ID# - Type/Country/ Issued/Expired: Physical Address (NO PO BOX): Country of Residence/Citizenship: U.S. Status: Industry/Profession/ # of Yrs: Employer/Title/Country: Annual Income/Primary Source: Net worth/Primary Source: Contact Phone #(s): Contact Email(s):	□ US Citizen	☐ US Resident	□ NRA	
Account Capacity: D/O/B / TIN: (1) ID# - Type/Country/ Issued/Expired: (2) ID# - Type/Country/ Issued/Expired: Physical Address (NO PO BOX): Country of Residence/Citizenship: U.S. Status: Industry/Profession/ # of Yrs: Employer/Title/Country: Annual Income/Primary Source: Net worth/Primary Source: Contact Phone #(s):	□ US Citizen	☐ US Resident	□ NRA	



Business Name: Date:

Name:				
Account Capacity:				
D/O/B / TIN:				
(1)ID# - Type/Country/				
Issued/Expired:				
(2)ID# - Type/Country/				
Issued/Expired:				
Physical Address <u>(NO PO BOX)</u> :				
Country of Residence/Citizenship:				
U.S. Status:	☐ US Citizen	☐ US Resident	□ NRA	
Industry/Profession/				
# of Yrs:				
Employer/Title/Country:				
Annual Income/Primary Source:				
Net worth/Primary Source:				
Contact Phone #(s):				
Contact Email(s):				
Title in the company and				
relationship to other signers::				
Name:				
Account Capacity:				
D/O/B / TIN:				
(1)ID# - Type/Country/				
Issued/Expired:				
(2)ID# - Type/Country/				
Issued/Expired:				
Physical Address (NO PO BOX):				
Country of Residence/Citizenship:				
U.S. Status:	☐ US Citizen	☐ US Resident	□ NRA	
Industry/Profession/				
# of Yrs:				
Employer/Title/Country:				
Annual Income/Primary Source:				
Net worth/Primary Source:				
Contact Phone #(s):				
Contact Email(s):				
Title in the company and				
relationship to other signers:				



Checking Account Reason for opening an account at EIB and purpose of the account: Initial Deposit: Source/Method of Initial Deposit: MONTHLY EXPECTED ACTIVITY (No Ranges; Round up) Transation Type Frequency Dollar (\$) Amount Comments (Country, Industry, etc.) Incoming Wire Transfers Initial Transfer Credits Internal Transfer Debits Check Deposits Check Sissued TOP 5 CLIENTS (CREDITS) Name Country Line of Business Anticipated source of incoming activity: TOP 5 SUPPLIERS (DEBITS) Name Country Line of Business Country Line of Business Check Sissued Check Siss	Business Name:			Date:				
Initial Deposit: MONTHLY EXPECTED ACTIVITY (No Ranges; Round up) Transaction Type Frequency Dollar (\$) Amount Comments (Country, Industry, etc.) Incoming Wire Transfers Dutgoing Wire Transfers Internal Transfer Credits Internal Transfer Debits Check Deposits Check Deposits Checks Issued TOP 5 CLIENTS (CREDITS) Anticipated source of incoming activity: TOP 5 SUPPLIERS (DEBITS)	Checking A	Account		Saving Account				
MONTHLY EXPECTED ACTIVITY (No Ranges; Round up) Transaction Type Frequency Dollar (\$) Amount Comments (Country, Industry, etc.) Incoming Wire Transfers Outgoing Wire Transfers Internal Transfer Credits Internal Transfer Debits Check Deposits Check Issued TOP 5 CLIENTS (CREDITS) Name Country Line of Business Country	Reason for opening an account at EIB and purpose of the account:							
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Outgoing Wire Transfers Internal Transfer Credits Internal Transfer Debits Check Deposits Checks Issued TOP 5 CLIENTS (CREDITS) Name Country Line of Business Anticipated source of incoming activity: TOP 5 SUPPLIERS (DEBITS)		Frequency	Dollar (\$) Amount Comments (Country, Industry, etc.)					
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TOP 5 CLIENTS (CREDITS) Name Country Line of Business Anticipated source of incoming activity: TOP 5 SUPPLIERS (DEBITS)	Internal Transfer Debits							
TOP 5 CLIENTS (CREDITS) Name								
Name Country Line of Business Anticipated source of incoming activity: TOP 5 SUPPLIERS (DEBITS)	Checks Issued							
TOP 5 SUPPLIERS (DEBITS)	Name		C	ountry	Line of Business			
	Anticipated source of incoming activity:							
Name Country Line of Business	TOP 5 SUPPLIERS (DEBITS	5)						
	Name		Country		Line of Business			
		<u> </u>						
		<u> </u>						
Anticipated types of outgoing activity:								

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Business Name:	Date:				
	PEP CERTIFICATION AND CONDITIONS OF USE				
Initials	I certify that no individuals that own, benefit from, have the capacity to act on behalf of or have significant control of the referenced customer are current or former senior foreign political figures, or immediate family members or close associates of a current or former senior foreign political figure.				
	Politically Exposed Person				
	A "senior foreign political figure" is a senior official 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. In addition, a senior foreign political figure includes any corporation, business, or other entity that has been formed by, or for the benefit of, a senior foreign political figure.				
	The "immediate family" of a senior foreign political figure typically includes the figure's parents, siblings, spouse, children, and in-laws.				
	A "close associate" of a senior foreign political figure is a person who is widely and publicly known to maintain an unusually close relationship with the senior foreign political figure, and includes a person who is in a position to conduct substantial domestic and international financial transactions on behalf of the senior foreign political figure.				
	I understand that due to bank regulations, Elite International Bank requires additional information				
Initials	and/or documentation that corroborates transfers and other account activity. Customer understands that additional information and/or supporting documentation may be requested at any time, and on a case by case basis, a transaction may not be processed without first receiving the documents being requested.				
	I am authorized to act on behalf of this company and the information provided in this form is true to				
Initials	the best of my knowledge.				
	I authorize Elite International Bank to handle my personal information. I accept Elite International				
Initials	Bank's Privacy Policy as presented to me at account opening.				
	I understand that I am voluntarily requesting the opening of an account at Elite International Bank and				
Initials	accept the Bank's terms, conditions, disclosures, and fees as presented to me at account opening. I als understand that the account and supporting documentation provided is subject to review and approva by Elite International Bank prior to the opening of an account and submission of such information and documentation does not guarantee an account with Elite International Bank.				
Signature of /	Authorized Person Full Name Title				
Signature of F	authorized i cison i un rume little				



Business Name:		Date:			
	CORPORATE RESOLU	TION AND SIGNATURE CARD			
Secretary and/or the designate "Corporation") a corporation of following is a true copy of resemble day of unanimous written consent of or rescinded. Elite International Bank is her opened and maintained in the	d keeper of the records and minutally organized under the laws of olutions duly adopted by the Botton the Board of Directors, and that eby designated as a depository of	ed, hereby certify to Elite International Bank (the "Bank"), that I am the nutes of			
FULL NAME	TITLE	SIGNATURE			
execute and sign any applicati to opening account(s) and any resolved that the foregoing res individuals shall remain irrevo notice shall not affect any acti	on, deposit agreement, signature other functions related to the molution shall remain in full force ocable until the Bank is notified on taken by the Bank prior there	authorized to act on behalf of this Corporation and in its name, to e card, and any other documentation required by the Bank but not limited nanagement of any accounts held at Elite International Bank. It is further and effect and the authority herein given to all of the aforementioned in writing of the revocation of such authority, and that receipt of such eto. is day of			
	Corporate Title	e Signature			



Business Name:		Date:					
ELITE INTERNATIONAL BANK USE ONLY							
HIGH RISK CUSTOMER TYPE: PEP □ NBFI □	NPO/NGO □	PIC/IBC □	PSP □	Other \square	□ N/A		
Explain:							
	EDD Required? \square Yes \square No If EDD required, please fill-out appropriate EDD form and obtain requisite documentation per high risk customer type.						
Initial Site Visit Describe meeting place, date, marketing material, business of	•		_	it topics were discu	ssed. Attach any pictures,		
Ι,	, have int	erviewed the c	ustomer				
Follow-Up (if necessary)	□ N/A						
To the best of my knowledge, the information contained herein is accurate and complete.							
Account Officer		 Accou	unt Officer Na	ıme	 Date		