

Prospective clients wishing to establish a relationship at Far East National Bank must answer this Questionnaire pursuant to the Bank's Customer Due Diligence program for compliance with the USA PATRIOT Act and Bank Secrecy Act regulations. All accounts opened with a common TIN or EIN are subordinated to a single Customer Number.

為符合美國愛國者法案的規定,有意在遠東國民銀行開戶者必須詳實回答本問卷.

Customer No 客戶編號

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Account Number 帳號

Seq. No. 客戶序號

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1. What is the full legal name of the company? 貴公司的英文全名.	
2. What is the purpose of the Commercial Account? 本帳戶的用途.	<input type="checkbox"/> General Operating Account 公司一般帳務 <input type="checkbox"/> Payroll 薪資轉帳 <input type="checkbox"/> Trust 信託 <input type="checkbox"/> Savings 儲蓄 <input type="checkbox"/> Investment 投資 - specify type 請說明投資型態: _____ <input type="checkbox"/> Other其它- Describe 請說明: _____
3. Describe the nature of the business 貴公司的營業項目: <i>Be specific when describing the product or service. 請詳細說明產品或服務性質.</i>	
4. What is the approximate Gross Annual Revenue for the Business? 貴公司年平均營利額.	\$ _____
5. State the source of funds for opening this account: 本帳戶開戶的款項來源.	<input type="checkbox"/> Operating Revenue 營業收益 <input type="checkbox"/> Capital Investment 資本 <input type="checkbox"/> Sale of Stock-Name of Stock: 股票出售 <input type="checkbox"/> Sale of Real Estate 不動產 出售 <input type="checkbox"/> Capital from Parent or Affiliate: 母公司或子公司資本 <input type="checkbox"/> Other其它 - Describe 請說明: _____
6. How will typical deposits to the account be made? 本帳戶存款交易以右列何種型態為多?(可複選)	<input type="checkbox"/> Wire Transfer 電匯 <input type="checkbox"/> Internet Banking 網路銀行交易 <input type="checkbox"/> Checks 支票 <input type="checkbox"/> ACH 自動轉帳 <input type="checkbox"/> Other其它- specify 請說明: _____
7. From what countries will these transactions come from? 本帳戶存款交易的款項來自哪些國家?	
8. What would be the purpose for these transactions? 本帳戶存款交易的目的.	<input type="checkbox"/> Accounts Receivable 應收帳款 <input type="checkbox"/> Investment 投資 <input type="checkbox"/> Other 其它 - Describe 請說明: _____
9. What is the expected U.S. Dollar range for deposits each month? 請預估本帳戶每月存款總金額範圍.	From自\$ _____ to至\$ _____
10. How will typical withdrawals from the account be made? 本帳戶提款交易以右列何種型態為多?(可複選)	<input type="checkbox"/> Wire Transfer 電匯 <input type="checkbox"/> Internet Banking 網路銀行交易 <input type="checkbox"/> Checks 支票 <input type="checkbox"/> ACH 自動轉帳 <input type="checkbox"/> Other其它- specify 請說明: _____
11. To what countries will transactions go? 本帳戶提款交易的款項流至哪些國家?	
12. What would be the purpose for these transactions? 本帳戶提款交易的目的.	<input type="checkbox"/> Accounts Payable 應付款項 <input type="checkbox"/> Investment 投資 <input type="checkbox"/> Other 其它- Describe 請說明: _____

13. What is the expected dollar range for withdrawals each month? 請預估本帳戶每月提款總金額範圍.	From自\$ _____ to至\$ _____
14. What is the expected balance to be maintained in the account? (U.S. Dollars in Thousands) 請預估本帳戶每月平均餘額 (以一千美元為單位)	<input type="checkbox"/> Less than 低於\$15 <input type="checkbox"/> \$15 to \$30 <input type="checkbox"/> Over 超過\$30 <input type="checkbox"/> Over 超過\$60. <input type="checkbox"/> Over超過\$100 <input type="checkbox"/> Over超過\$200 <input type="checkbox"/> Over超過\$300+ <input type="checkbox"/> Over 超過\$500+
15. Please indicate if any of the entities (principal affiliates and/or parent companies) and/or individuals (percentage of ownership 25% or higher) are “RELATED to” or have “CLOSE ASSOCIATION to” Senior Political Figure. 貴公司的母/子公司及/或其超過百分之二十五股份的成員中是否有與資深政黨/政府人員有密切關係者.	<input type="checkbox"/> NO 否 <input type="checkbox"/> Yes 是 <b>If Yes, please indicate name and position.</b> 若是,請列出該成員的姓名及職稱.
16. Does the company have any affiliates and/or parent companies? 貴公司是否有子公司或/和母公司?	<input type="checkbox"/> No 沒有 <input type="checkbox"/> Yes 有 (If yes, please complete Parent-Affiliate Information) (若有,請提供母公司-子公司資料)
17. Does the company have any affiliates and/or parent companies that will handle correspondence for this account? An authorization must be completed for any other companies that will be contacted regarding account information. 貴公司的子公司或/和母公司是否會經手或查詢本帳戶的交易?.	<input type="checkbox"/> No 否 <input type="checkbox"/> Yes 是 (If yes, please complete Parent-Affiliate Information and Contact Authorization ) (若是,請填寫如後的母-子公司資料表並附上授權書)

18. Names and Locations of Major Suppliers 主要供應商的名稱及地點:

Name: 名稱:	Country: 註冊國家:
Name: 名稱:	Country: 註冊國家:
Name: 名稱:	Country: 註冊國家:

19. Names and Locations of Major Customers 主要客戶的名稱及地點:

Name: 名稱:	Country: 註冊國家:
Name: 名稱:	Country: 註冊國家:
Name: 名稱:	Country: 註冊國家:

**PARENT AFFILIATE INFORMATION**

1) Parent company name. 母公司英文名稱.	
2) Country and City of incorporation of the Parent company. 母公司註冊國家和城市	
3) Affiliate Names and Country of incorporation. 子公司英文名稱和註冊國家.	Name: 子公司名稱 _____ Country: 註冊國家 _____ Name: 子公司名稱 _____ Country: 註冊國家 _____ Name: 子公司名稱 _____ Country: 註冊國家 _____ Name: 子公司名稱 _____ Country: 註冊國家 _____

<p>4) Will the parent company and/or affiliates be counterparty to transactions on this account? 本帳戶是否會和其母公司或/和子公司有交易?  <input type="checkbox"/> No 否 <input type="checkbox"/> Yes 是 If Yes, please list the names. 若是,請列出母公司或/和子公司名稱.</p>	<p>Name: _____          名稱: _____          Name: _____          名稱: _____          Name: _____          名稱: _____</p>
<p>5) List the name of the affiliate or parent company that will handle correspondence for this account. 請列出會經手或查詢本帳戶交易的子公司或母公司名稱.</p>	<p>Name: _____          名稱: _____</p>
<p>6) Will another entity in the Group be involved in transactions or opening of this account?          除了貴公司的母/子公司,是否有其它集團下的成員涉及本帳戶的開戶和交易?  <input type="checkbox"/> No 否 <input type="checkbox"/> Yes 是          If Yes, please (a) name the entity, (b) the relationship to this account and (c) explain the nature of the transaction(s). 若是,請列出該法人(a) 名稱, (b) 和本帳戶的關係,以及 (c) 交易的性質</p>	<p>(a): _____          (b): _____          (c): _____</p>

**VERIFYING YOUR IDENTIFY (as required by the USA Patriot Act):** 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 you open an account, we will ask for name, address, date of birth, and other information that allow us to identify you. ➤ We may also ask to see your driver's license or other identifying documents.

The Undersigned authorizes the Bank to obtain credit reports and make whatever other inquiries the Bank deems appropriate about the Undersigned or any Authorized Signer. 本人(以下簽名者)同意銀行為查證本公司背景,調閱本公司和有權簽字人的信用報告,或作其它必要的調查.

\_\_\_\_\_  
**Authorized Officer (Name) 填表人姓名:**

⊗ \_\_\_\_\_  
**Signature 簽名:**

\_\_\_\_\_  
**Title 職稱:**

\_\_\_\_\_  
**Date 日期:**

**FOR BANK USE ONLY**

<p><b>Interviewer</b>  <b>Signature:</b> _____  <b>Print Name:</b> _____  <b>Date and Time:</b> _____</p>	<p><b>Comments (if any):</b></p>
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<p><b>Accepted by (FENB Officer):</b> _____          Signature</p>	<p>_____           Print Name / Dept Name</p>
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<p><b>ICFS Review:</b> Prod / AHR : _____ / _____ <input type="checkbox"/> <input checked="" type="checkbox"/> BRIDGERINSIGHT          ICFS Ops Manager          Review By (Signature) _____          *1 OPS ADM          Review by (Signature): _____          *2 EXECUTIVE Approval:          (If needed): _____</p>	<p><b>*1 BSA - COMPLIANCE</b>          Review by (Signature): _____          Comments (if any):</p>
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