

**CUSTOMER INFORMATION QUESTIONNAIRE 客戶資料問卷**  
**COMMERCIAL ACCOUNT – ICFS 商業帳戶—跨洲金融部**

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. The information will be kept confidential.

为符合美国爱国者法案的规定,有意在远东国民银行开户者必须详实回答本问卷。所提供的信息会为您保密。

**Customer No 客户编号**

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**Account Number 账号**

**Seq. No. 客户序号**

**All Accounts**

1. What is the full legal name of the company? 贵公司的英文全名.	
2. What is the purpose of the Commercial Account? 本账户的用途.	<input type="checkbox"/> General Operating Account 公司一般帐务 <input type="checkbox"/> Payroll 薪资转帐 <input type="checkbox"/> Trust 信托 <input type="checkbox"/> Savings 储蓄 <input type="checkbox"/> Investment 投资 <input type="checkbox"/> Settlement 结算 <input type="checkbox"/> Other 其它- Describe 请说明: _____
3. Describe the nature of the business 贵公司的营业项目: <i>Be specific when describing the product or service. 请详细说明产品或服务性质.</i>	
4. What is the approximate Gross Annual Revenue for the Business? 贵公司年平均营业额.	\$ _____
5. State the source of funds for opening this account: 本账户开户的款项来源.	<input type="checkbox"/> Operating Revenue 营业收入 <input type="checkbox"/> Capital Investment 资本 <input type="checkbox"/> Sale of Stock-Name of Stock: 股票出售 <input type="checkbox"/> Sale of Real Estate 不动产 出售 <input type="checkbox"/> Capital from Parent or Affiliate: 母公司或子公司资本 <input type="checkbox"/> Other 其它 - Describe 请说明: _____
6. How will typical deposits to the account be made? 本账户存款交易以右列何种型态为多?(可复选)	<input type="checkbox"/> Wire Transfer 电汇 <input type="checkbox"/> Internet Banking 网络银行交易 <input type="checkbox"/> Checks 支票 <input type="checkbox"/> ACH 自动转帐 <input type="checkbox"/> Other 其它- specify 请说明: _____
7. From what countries will these transactions come from? 本账户存款交易的款项来自哪些国家?	
8. What would be the purpose for these transactions? 本账户存款交易的目的.	<input type="checkbox"/> Accounts Receivable 应收帐款 <input type="checkbox"/> Investment 投资 <input type="checkbox"/> Other 其它 - Describe 请说明: _____
9. What is the expected U.S. Dollar range for deposits each month? 请 预估本账户每月存款总金额范围.	From 自\$ _____ to 至\$ _____
10. How will typical withdrawals from the account be made? 本账户提款交易以右列何种型态为多?(可复选)	<input type="checkbox"/> Wire Transfer 电汇 <input type="checkbox"/> Internet Banking 网络银行交易 <input type="checkbox"/> Checks 支票 <input type="checkbox"/> ACH 自动转帐 <input type="checkbox"/> Other 其它- specify 请说明: _____
11. To what countries will transactions go? 本账户提款交易的款项流至哪些国家?	
12. What would be the purpose for these transactions? 本账户提款交易的目的.	<input type="checkbox"/> Accounts Payable 应付款项 <input type="checkbox"/> Investment 投资 <input type="checkbox"/> Other 其它- Describe 请说明: _____

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13. What is the expected dollar range for withdrawals each month? 请预估本账户每月提款总金额范围.	From 自\$_____ to 至\$_____
14. What is the expected balance to be maintained in the account? (U.S. Dollars in Thousands) 请预估本账户每月平均余额 (以一千美元为单位)	<input type="checkbox"/> Less than 低于\$15 <input type="checkbox"/> \$15 to \$30 <input type="checkbox"/> Over 超过\$30 <input type="checkbox"/> Over 超过\$60. <input type="checkbox"/> Over 超过\$100 <input type="checkbox"/> Over 超过\$200 <input type="checkbox"/> Over 超过\$300+ <input type="checkbox"/> Over 超过\$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-子公司数据)
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/和母公司是否会经手或查询本账户的交易?.	<input type="checkbox"/> No 否 <input type="checkbox"/> Yes 是 (If yes, please complete Parent-Affiliate Information and Contact Authorization ) (若是,请填写如后的母-子公司数据表并附上授权书)
18. Names and Locations of Major Suppliers 主要供货商的名称及地点:	
Name: 名称:	Country: 注册国家:
Name: 名称:	Country: 注册国家:
Name: 名称:	Country: 注册国家:
19. Names and Locations of Major Customers 主要客户的名称及地点:	
Name: 名称	Country: 注册国家
Name: 名称	Country: 注册国家
Name: 名称	Country: 注册国家

**PARENT AFFILIATE INFORMATION**

1) Parent company name. 母公司英文名称.	
2) Country and City of incorporation of the Parent company. 母公司注册国家和城市	
3) Affiliate Names and Country of incorporation. 子公司英文名称和注册国家.	Name: 子公司名称 _____ Country: 注册国家 _____ Name: 子公司名称 _____ Country: 注册国家 _____ Name: 子公司名称 _____ Country: 注册国家 _____

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<p>4) Will the parent company and/or affiliates be counter-party to transactions on this account? 本账户是否会和其母公司或/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,请列出母公司或/和子公司名称.</p>	<p>Name: _____          名称: _____          Name: _____          名称: _____          Name: _____          名称: _____</p>
<p>5) List the name of the affiliate or parent company that will handle correspondence for this account. 请列出会经手或查询本账户交易的子公司或母公司名称.</p>	<p>Name: _____          名称: _____</p>
<p>6) Will another entity in the Group be involved in transactions or opening of this account?          除了贵公司的母/子公司,是否有其它集团下的成员涉及本账户的开户和交易?  <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,请列出该法人(a) 名称, (b) 和本账户的关系,以及(c) 交易的性质</p>	<p>(a): _____          (b): _____          (c): _____</p>

**VERIFYING YOUR IDENTITY (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(以下签名者)同意银行为查证本公司背景,调阅本公司和有权签字人的信用报告,或作其它必要的调查.

<p>Authorized Officer (Name) 填表人姓名: _____</p>	<p><input checked="" type="checkbox"/> Signature 签名: _____</p>
<p>Title 职称: _____</p>	<p>Date 日期: _____</p>

**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>Accepted by (FENB Officer): _____          Signature</p>	<p>_____          Print Name / Dept Name</p>
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<p>ICFS Review: 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>*7 BSA - COMPLIANCE</b>          Review by (Signature): _____          Comments (if any):</p>
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