

Business Profile

☐ New Profile ☐ Updated Profile



General Information

Entity Name: _____ **NAICS Code:** _____

☐ Sole Proprietor* ☐ Limited Liability Corporation ☐ Association/Organization ☐ Trust/Estate
☐ Corporation ☐ Professional Corporation ☐ Partnership ☐ General ☐ Limited ☐ Limited Liability
*Beneficial Ownership Certification not required ☐ Other: _____

Mailing Address: _____
Street Address Apartment/P.O. Box#

City State ZIP Code

☐ Check if Physical Address is same as Mailing Address

Physical Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Bus. Phone #: _____ **Email:** _____

Website: _____ **Tax ID#:** _____

What brings you to our institution? _____ **Business Description:** _____

Beneficial Ownership Certification

☐ Not Required ☐ No BOC on File-Create New
☐ Reviewed Existing BOC Dated: _____ ☐ No Change
☐ Changes - Require New BOC

Specifics

Based on the Business Description:

Is this a non-profit, or charitable organization? ☐ No ☐ Yes

Is this business considered a *Cash-Intensive* business?
i.e. convenience store, gas station, liquor store, restaurant, etc.? ☐ No ☐ Yes

Does the business provide *Financial* services?
i.e. check cashing, money transmitting/money orders, payday loans, etc.? ☐ No ☐ Yes

Does the business provide *Professional* services?
i.e. Attorney, Accountant, Physician, Title/Escrow company, etc. ☐ No ☐ Yes

Will there be a private ATM on premise? ☐ No ☐ Yes

If Yes, do you own the ATM or is the space leased: ☐ Owned / ☐ Leased

Will CBD/Hemp related products be offered? ☐ No ☐ Yes

Customer Identity Verification

☐ I certify that everything stated in this document and any attachments is correct. By signing below, I authorize Ozona Bank to verify my identity and account history and acknowledge that this may be done through a vendor contracted to provide such services. I also agree to notify Ozona Bank of any change in the information provided for Beneficial Ownership Certification.

Printed Name: _____ Title: _____

Signature: _____ Date: _____

Bank Use Only

Physical Address verified via: ☐ ID ☐ Utility Bill ☐ Delivered Mail ☐ Other: _____

OFAC ☐ Pass ☐ Fail

Overridden by: _____ Reason: _____

☐ Adverse Action Notice Provided to applicant ☐ New Account Letter Sent

CU# _____ RELATED ACCOUNT(S): _____ REVIEWED BY: _____ ON ____/____/____