

ACCOUNT APPLICATION – BUSINESS

 NEW ACCOUNT
 MODIFY
DEPOSITS ARE NOT FDIC INSURED

Business Name	DBA (Doing Business As) or Trade Name
SSN/EIN/TIN Tax <input type="checkbox"/> Exempt <input checked="" type="checkbox"/> Not Exempt	Date and Place of incorporation
Address	Mailing Address (if different)
Type of Industry/Nature of Business	Business type : <input type="checkbox"/> Limited Liability Company (LLC/PLLC) <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation (Inc/Corp) <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> S Corporation <input type="checkbox"/> Government Entity/NPO/Charity <input type="checkbox"/> Other:
Phone	Fax
Cell phone	e-Mail
Company's Web Address	Contact Name(s)
Date of account open	Account type applied for: <input type="checkbox"/> Checking <input type="checkbox"/> Money Market <input type="checkbox"/> Fixed Term (time) <input type="checkbox"/> Cash Collateral

BUSINESS OWNERSHIP INFORMATION
Please list business owners with more than 25% ownership

 Business Owner 1 Individual Business

Name	Share percentage
Address	SSN/EIN/TIN (NRA? <input type="checkbox"/> YES)
Country of citizenship	DOB

 Business Owner 2 Individual Business

Name	Share percentage
Address	SSN/EIN/TIN (NRA? <input type="checkbox"/> YES)
Country of citizenship	DOB

 Business Owner 3 Individual Business

Name	Share percentage
Address	SSN/EIN/TIN (NRA? <input type="checkbox"/> YES)
Country of citizenship	DOB

 Business Owner 4 Individual Business

Name	Share percentage
Address	SSN/EIN/TIN (NRA? <input type="checkbox"/> YES)
Country of citizenship	DOB

By signing the bottom of this page, you hereby certify that, you are authorized to apply to open/modify deposit account or give information about the company; the information provided on all pages of this form are true and correct, to the best of your knowledge; and you hereby request to open or modify a deposit account with VakifBank. You also acknowledge that this form may be used for giving additional information about an existing account for compliance purposes. You agree to the terms stated on every page of the Unlawful Internet Gambling Notice, Automatic Transfer Option, Indemnity, Agreement Respecting use of facsimile for transfer instructions, Substitute form W-9 Certification and Agreement, Authorization to obtain consumer/credit report information, Deposit Account Statements Disclosure and Agreement, Service Fee Schedule and acknowledge receipt of the complete copies of them. The Deposit Account Statement Disclosure and Agreement we give you is part of your agreement with us regarding use of your account and tells you the current terms governing your account. You further authorize VakifBank to verify credit and employment history and/or a credit reporting agency prepare a credit report on the undersigned, as individuals, when it is deemed necessary. You also acknowledge receipt of the copies and agree to the terms of the following disclosure (s): • Deposit Account Statements Disclosure and Agreement • Funds Availability/Check 21 • Service Fee Schedule • Privacy

Attached hereto are true and complete copies of the currently effective organizational documents of the Company being its certificate of incorporation and by-laws, together with any amendments thereto or continuations thereof, these documents being in full force and effect as of the date hereof, and no proceedings have been taken or are pending to amend, supplement, surrender or cancel the same as of the date hereof.

Date: _____ Signature: _____

For Bank use only:

<i>Accepting Officer</i>	<i>Compliance Officer</i>	<i>Date of Acceptance</i>	<i>Approval</i>
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