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| --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | **For Bank Use Only** |
|  | | | | | | | Customer ID: |
| *Notes:* | | | | | | | |
| *a.* ***Please fill out the form in English.*** | | | | | | | |
| *b. Please complete in Block Letters and check (🗷) where appropriate.* | | | | | | | |
| *c. Please indicate N/A where appropriate.* | | | | | | | |
|  | | | | | | | |
| FULL LEGAL NAME OF ENTITY: | | | D/B/A Name (if applicable): | | | | |
|  | | |  | | | | |
| *Type of account and currency required, please check (🗷) where appropriate.* | | | | | | | |
| * ***Business Checking Account - Currencies -***  ***USD,***  ***CNY,***  ***HKD,***  ***Others*** *(Please specify currencies)* | | | | | | | |
| * ***Business Savings Account - Currencies -***  ***USD,***  ***CNY,***  ***HKD,***  ***Others*** (*Please specify currencies)* | | | | | | | |
| * ***Certificate of Deposit - Currencies -*** ***USD,***  ***CNY (Please complete additional CD Application Form)*** | | | | | | | |
|  | | | | | | | |
| **Tax Identification / Registration Number:** | | | | | | | |
| Registration/Legal Address | | | Office Telephone Number | | | | |
|  | | | 1. | | | | |
|  | | | 2. | | | | |
|  | | |  | | | | |
| City/State | | | Office Fax Number | | | | |
|  | | | 1. | | | | |
| Country | Zip Code | | 2. | | | | |
|  | | |  | | | | |
| Business Address | | | An electronic monthly statement will be provided by email.  Do you want to receive an electronic statement only without mailing paper statement?  Yes No. Please mail paper statement to: | | | | |
| Same as Registration Address  Different from Registration Address, please fill out: | | | Registration Address  Business Address  Mailing address, please fill out below: | | | | |
|  | | |  | | | | |
|  | | |  | | | | |
| City/State | | | City/State | | | | |
|  | | |  | | | | |
| Country | Zip Code | | Country | | | Zip Code | |
|  | | |  | | | | |
| Details of Contact Person(s): | | | | | | | |
| Mr/Ms First Name Last Name | | Phone Number | | Job Title | E-mail Address | | |
|  | |  | |  |  | | |
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| Designated Email(s) for processing your instructions (Limit 2):  The below listed email(s) is/are used to authenticate your instruction for banking transactions such as Wire Transfer Applications, Account Transfers/Withdrawal Forms, large dollar amounts check(s), Account maintenance related Forms, and any other request that China Merchants Bank Co., Ltd., New York Branch deems necessary. If you leave this bracket blank, you agree that the email(s) listed in the above Bracket “Details of Contact Person(s)” as the designated email(s). The Bank will not take instructions or requests from any email that is not a designated email. | | | | | | | |
| Website Address (if available): | | | | | | | |

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|  | | | | | | | Date: Month/Day/Year | |
|  | | | | | | | Click here to enter a date. | |
|  | | | | | | | | |
| **CUSTOMER DUE DILIGENCE FORM** | | | | | | | | |
|  | | | | | | | | |
| Type of Customer/Entity:  Foreign Financial Institution  Domestic Financial Institution  Government Agency  Domestic Corporation  Foreign Corporation  Trust  Politically Exposed Person  Investment  Other:        Describe business/occupation of the customer: | | | | | If a Business, type of Business Organization:  Publicly Traded Corporation  Privately Held Corporation  Partnership  Limited Liability Company(LLC)  Sole Proprietorship  Shell Company  Personal Investment Company(PIC)  Holding Company  Other:  If publicly traded, list primary stock exchange and company symbol:    Jurisdiction of Organization:    Date of Establishment:  Month/Day/Year | | | |
| Nature of Business/Industry: | | | | | | | | |
| Industry | | | Industry | | | | Industry | |
| ( | %) | ( | | %) | | | ( | %) | |
|  | | | | | | | | |
| Type of Products/Services Offered: | | | | | | Annual Sales/Revenue (in US Dollars): | | |
| Name of Parent Company (if any): | | | | | | Is the parent company (if any) a customer of CMBNY? | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Purpose of Account (check all that apply):  Deposit  Remittances  Trade Finance and Trade Services | | | | | Lending/Borrowing  Foreign Exchange  Other (please describe): | | | |
| Major Types of Transactions and Percentages of Usage: | | | | | | | | |
| Wire Transfer ( | %) | | Check ( | %) | | | Other ( | %) |
| Source of Income/Wealth (check all that apply): | | | | | | | | |
| Operating Income  Return from Investment | | | | | Family Wealth  Other (please describe): | | | |
| Initial Source of Funds (for transactions through the Branch): | | | | | | | | |
| Loans from the Branch  Funds from Customer’s Head Office/Parent/Subsidiary/Affiliate | | | | | General Business Funds or Capital  Other (please describe): | | | |
| Names and Locations (city, state, country) of Major Remitters of Incoming Funds: | | | | | Names and Locations (city, state, country) of Major Beneficiaries of Outgoing Funds: | | | |
| 1. | | | | | 1. | | | |
| 2. | | | | | 2. | | | |
| 3. | | | | | 3. | | | |
| 4. | | | | | 4. | | | |
|  | | | | |  | | | |
| Estimated Range of Funds Transfers: | | | | | Estimated Number of Funds Transfers: | | | |
| Lowest amount: $ | | | | | Inward | per  week  month  year | | |
| Highest amount: $ | | | | | Outward | per  week  month  year | | |
| Usual range: $ | | to $ | | |  | | | |
|  | | | | |  | | | |
| Brief Summary of Expected Account Activities: | | | | | | | | |

**CERTIFICATION REGARDING BENEFICIAL OWNERS OF LEGAL ENTITY CUSTOMERS**

1. **GENERAL INSTRUCTIONS**

**What is this form?**

To help the US government fight financial crime, US Federal regulation requires certain financial institutions to obtain, verify, and record information about the beneficial owners of legal entity customers. Legal entities can be abused to disguise involvement in terrorist financing, money laundering, tax evasion, corruption, fraud, and other financial crimes. Requiring the disclosure of key individuals who own or control a legal entity (i.e., the beneficial owners) helps law enforcement investigate and prosecute these crimes.

**Who has to complete this form?**

This form must be completed by the person opening a new account on behalf of a legal entity with any of the following U.S. financial institutions: (i) a bank or credit union; (ii) a broker or dealer in securities; (iii) a mutual fund; (iv) a futures commission merchant; or (v) an introducing broker in commodities.

For the purposes of this form, a legal entity includes a corporation, limited liability company, or other entity that is created by a filing of a public document with a Secretary of State or similar office, a general partnership, and any similar business entity formed in the United States or a foreign country. Legal entity does not include sole proprietorships, unincorporated associations, or natural persons opening accounts on their own behalf.

**What information do I have to provide?**

This form requires you to provide the name for each individual, if any, who owns, directly or indirectly, 10 percent or more of the equity interests of the legal entity customer; and for each individual who owns more than 25 percent or more, name, address, date of birth, Social Security number for US person(Optional) /passport number and country of insurance or other similar identification number for foreign person.

An individual with significant responsibility for managing the legal entity customer (e.g., a Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, or Treasurer).

The number of individuals that satisfy this definition of “beneficial owner” may vary. Under section (i), depending on the factual circumstances, up to ten individuals (but as few as zero) may need to be identified. Regardless of the number of individuals identified under section (i), you must provide the identifying information of one individual under section (ii). It is possible that in some circumstances the same individual might be identified under both sections (e.g., the President of Acme, Inc. who also holds a 30% equity interest). Thus, a completed form will contain the identifying information of at least one individual (under section (ii)), and up to eleven individuals (i.e., one individual under section (ii) and ten 10 percent equity holders under section (i)).The financial institution may also ask to see a copy of a driver’s license or other identifying document for each beneficial owner listed on this form.

**II. CERTIFICATION OF BENEFICIAL OWNER(S)**

**Persons opening an account on behalf of a legal entity must provide the following information**

a. Name and Title of Natural Person Opening Account:

b. Name and Address of Legal Entity for Which the Account is Being Opened:

c. The following information for each individual, if any, who, directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns 10 percent or more of the equity interests of the legal entity listed above:

\*Name is required for individual owners with 10 percent or more

\*Date of Birth, Address, U.S Person’s Social Security Number(optional), and Foreigner’s Passport are required for individual owners with 25 percent of more

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Date of Birth | Address (Residential or Business) | For U.S. Person:  Social Security Number  (Optional) | For Foreign Person: Passport Number and country of insurance or other similar identification number[[1]](#footnote-1) |
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(If no individual meets this definition, please write “Not Applicable.”)

d. The following information for one individual with significant responsibility for managing the legal entity listed above, such as:

* An executive officer or senior manager (e.g., Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer); or
* Any other individual who regularly performs similar functions.

(If appropriate, an individual listed under section (c) above may also be listed in this section (d)).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name/Title | Date of Birth | Address (Residential or Business) | For U.S. Person:  Social Security Number  (Optional) | For Foreign Person: Passport Number and country of insurance or other similar identification number |
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I,       , (name of the natural person opening account) hereby certify, to the best of my knowledge, that the information provided above is complete and correct.

Signature:

Date:

Acknowledgment

1. I/We confirm that the information provided in this *Account Opening Form* is true, accurate, and complete. I/We authorize China Merchants Bank – New York Branch (the “Bank”) to verify this information from any source the Bank deems appropriate.

2. I/We acknowledge that the use of my/our account(s) and/or any products or services offered by the Bank and the opening and/or use of additional accounts, products or services are governed by and subject to the terms and conditions set forth in the *Customer Account Agreement: Terms and Conditions (the “Customer Account Agreement”)* (as such terms and conditions may be amended from time to time) and any additional account-, product-, or service-specific terms and conditions set by the Bank, copies of which I/we have received, read and understood, and to which I/we agree to be bound. I/We agree that I/we shall not use any of the accounts, products and/or services offered without first having read and agreed to abide by the terms and conditions set forth in the *Customer Account Agreement* and any specific terms and conditions set by the Bank governing such accounts, products and services and that my/our use and/or an ailment of the benefits thereof signify my/our understanding of and agreement to be bound by the applicable terms and conditions for such accounts, products and services.

3. I/We acknowledge that I/we have received a copy of the Bank’s *AML Notice to Customers* (set forth in Section XIV.A. of the *Customer Account Agreement*) and agree to comply with the requirements set forth therein.

4. I/We authorize the Bank, its officers and agents to disclose any information and particulars relating to my/our account(s) as the Bank may be required to disclose by applicable laws, rules and regulations.

5. I/We are aware that Deposits are not insured by the Federal Deposit Insurance Corporation (“FDIC”).

6. For Sole Proprietorships – this document shall be signed by the Sole Proprietor.  
For Partnerships – this document shall be signed by ALL partners.  
For Corporations/Companies – this document shall be signed by persons authorized by Bank Resolutions to sign on behalf of the Corporation/Company.

7. I/We acknowledge that I/we have received a copy of the Bank’s *Notice to all customers regarding the Unlawful Internet Gambling Enforcement Act (UIGEA) of 2006, Effective June 1, 2010*. I /We certify that this business does not engage in Internet gambling. I /We will notify the Bank in the event of any change in circumstances.

8. I/We acknowledge that I/we have received a copy of the Bank’s RMB-denominated Account Disclosures. I/We have carefully reviewed and understood the disclosure. I/We further represent, warrant and agree all the terms therein.

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| --- | --- | --- |
| **Customer Signature(s)** | | |
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| I/We hereby confirm that the details given above are correct. | | |
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| \_/s/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | \_/s/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Name: |  | Name: |
| Title: |  | Title: |
| Date: Click here to enter a date. |  | Date: Click here to enter a date. |
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| \_/s/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | \_/s/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Name: |  | Name: |
| Title: |  | Title: |
| Date: Click here to enter a date. |  | Date: Click here to enter a date. |
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| *This form must be signed by the person(s) authorized in the Bank Resolution to sign on behalf of the Corporation/Company.* | | |
|  | | |

**NOTARIZED BY**

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| **To be completed by CMB domestic/overseas (if applicable):** | | |
| Domestic Customer ID（核心系统客户号）: | Co-Marketing Branch Code（联动行号）: | |
| Account Officer in domestic/overseas branch  Signature:  Print Name:  Date: Click here to enter a date. | | |
|  | | |
| **To be completed by CMBNY:** | | |
| Risk Assessment:     * Low Risk * Medium Risk * High Risk | | Is the customer a foreign bank? If so, is there a Patriot Act Certification on file?   * Yes * No   Date of Certification :  Next due date: |
| Is this customer a Financial Institution as defined in the BSA [31 USC 5312(a)(2)](http://www.ffiec.gov/bsa_aml_infobase/pages_manual/regulations/31USC5312.htm#31USC5312a2)? If yes, must complete the AML questionnaire and/or provide copy of AML program.   * Yes * No | | OFAC Check performed on Customer and all associated parties prior to account opening:  Yes \_\_\_\_\_\_ No \_\_\_\_\_\_\_  Person inputting the information on the SPOSD List, please print name and sign below: |
| Account Officer in NY Branch  Signature:  Print Name:  Date: | | |

1. In lieu of a passport number, foreign persons may also provide an alien identification card number, or number and country of issuance of any other government issued document evidencing nationality or residence and bearing a photograph or similar safeguard. [↑](#footnote-ref-1)