

To Open a Business Account:

1. Please print and fill out the attached form. You only need to complete the section inside the double lined box (From Business Name to Tax I.D. Number)
2. Bring the completed form to any one of Nara Bank's branches with the following:

Sole Ownership (DBA)	Corporation / Non-Profit Organization	Partnership
Initial Deposit*	Initial Deposit*	Initial Deposit*
Fictitious Name Statement	Article of Incorporation	Partnership Agreement
Seller's Permit (If applicable)	Statement by Domestic Stock Corporation	Fictitious Name Statement
Driver License or ID of all owners and signers	Fictitious Name Statement (If applicable)	Seller's Permit (If applicable)
Social Security Number of all signers	Driver License or ID of the secretary and all signers	Driver License or ID of all partners
Federal Tax ID Number	Social Security Number of all signers	Social Security Numbers of all partners
	Federal Tax ID Number	Federal Tax ID Number

*There is a minimum initial deposit requirement. Please visit www.narabank.com/business.aspx from to find out the requirement for each type of account.

3. For the branch location nearest you, visit www.narabank.com/locations.aspx
4. If you have any questions, please call (213) 389-2000 from 9:00 AM PST to 4:00 PM PST, Monday through Friday.

NEW ACCOUNT CHECKLIST -- BUSINESS ACCOUNT



GENERAL INFORMATION						
Account Number:		Portfolio Number:		Date Opened:		
Business Name:				Tax ID Number:		
Account Type	<input type="checkbox"/> Checking _____		Business Type	<input type="checkbox"/> Sole Ownership <input type="checkbox"/> Partnership <input type="checkbox"/> LLP		
	<input type="checkbox"/> MMDA <input type="checkbox"/> SAV <input type="checkbox"/> TCD Term ____ Int.____			<input type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit Org <input type="checkbox"/> LLC		
Please check and specify type of business: <input type="checkbox"/> Domestic: _____ <input type="checkbox"/> Foreign: _____ (Name of Country): _____ <input type="checkbox"/> Retail: _____ <input type="checkbox"/> Wholesale: _____ <input type="checkbox"/> Manufacturing: _____ <input type="checkbox"/> Service Provider: _____ <input type="checkbox"/> Import Export : _____ (Name the Country): _____ <input type="checkbox"/> Money Services Business: Registered with State? <input type="checkbox"/> Yes <input type="checkbox"/> No (Reason: _____) Registered with FinCEN? <input type="checkbox"/> No* <input type="checkbox"/> Yes (Obtain copy of FinCEN Registration Confirmation) *If not registered w/ FinCEN, consult with Operations Officer or BSA Dept before opening the account.) <input type="checkbox"/> Foreign Government Agency or Embassy * (Follow the due diligent procedure for PEP account, obtain Branch Manager's approval)						
Bus Address/City/Zip						
Mailing Address						
Website Address						
Telephone #		Alternate Telephone #:				
Authorized Signers	1	2			3	
Title						
Home Address						
City/Zip/Years						
Home Phone #						
Dr. Lic./Psprt/Other	# _____ Date _____	# _____ Date _____	# _____ Date _____			
(Other _____)	ST/Acy / Exp _____	ST/Acy / Exp _____	ST/Acy / Exp _____			
Social Security#						
Date of Birth						
Mother's Maiden Name						
FOR NEW ACCOUNTS USE ONLY --- ACCOUNT PURPOSE (check all that apply):						
<input type="checkbox"/> General <input type="checkbox"/> Payroll <input type="checkbox"/> Other (Specify: Wires, Trust, etc.): _____						
What type of account activity does the customer anticipate? (Check all that apply)						
<input type="checkbox"/> Cash Deposits Est. monthly activity: \$ _____ <input type="checkbox"/> Cash Withdrawals Est. monthly activity: \$ _____ <input type="checkbox"/> Wire Transfers: <input type="checkbox"/> Incoming Est. monthly activity: \$ _____ <input type="checkbox"/> Outgoing Est. monthly activity: \$ _____ If any transfers will be to or from a foreign country, specify name of Country: _____ <input type="checkbox"/> Other Bank Services Customer is interested in: _____ (Armored services, pouch, mail, loans, letters of credit, safe deposit, cashiers checks, travelers checks, etc.)						
Approximate Monthly Sales:		Names of major suppliers/vendors/customers:				
Is customer's residence/business address near the Bank? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," why did customer choose Nara Bank? _____ (Note: Consult an officer if the customer's residence/business is not near Nara Bank and customer has no other relationship with the Bank.)						
Does customer currently have other Nara Bank accounts/services? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Previous Bank	Account Officer	Approved By	Opened By	Input By	Review By	Add. Verf. Needed? <input type="checkbox"/> Y <input type="checkbox"/> N
Opening Deposit	OFAC*	ChexSystem	CIP List	Welcome Ltr.*	Missing Info Tickler? <input type="checkbox"/> Y <input type="checkbox"/> N If "Yes," describe.	
<input type="checkbox"/> Check \$ _____	By: _____	By: _____ (incl. Drive lic)	<input type="checkbox"/> Y <input type="checkbox"/> N By: _____	<input type="checkbox"/> Y <input type="checkbox"/> N Date: _____ (*if needed)	BSA Type Code	BSA Risk Code
<input type="checkbox"/> Cash \$ _____						
Inconsistent Information? <input type="checkbox"/> Y <input type="checkbox"/> N If "Yes", describe _____ Comments/Resolution: _____						