



Rabobank

# CUSTOMER INFORMATION SHEET

Use this document to obtain customer information ahead of time to facilitate account opening or when the host system is not available. Complete a separate sheet for each customer that will sign on the account. Fields with asterisks\* are required fields in the host system.

*Customer Name:	NAME	*TROOP #	*SU#
*Address (P.O. Box not allowed):			
*City/State/Zip:		*Country:	
Home Phone:		Cell Phone:	
Work Phone:		E-Mail Address:	
*Date of Birth:			
*Tax ID Type:	Social Security #	* Tax ID Number:	SS#:
*City of Birth:		*State of Birth:	

*ID Type:		Issued :	
*ID Number:		*Expiration:	
*Issuing entity:			
*Issuing location:			

US resident:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Country:		Dual country:
Political Exposure Information:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Description:		

Mother's Maiden Name:			
Empl/school:			
Empl/school date:			
Occupation:			
Primary officer:		Secondary officer:	
Password:			
Password Clue:			

**Anticipated Transactional Activity**

Deposits (# per month):		Cash withdrawals (#):	
Amount:		Amount:	
Cash deposits (per month) :			
Amount:			

Will you use Wire Transfer Services?  Yes  No

Domestic incoming: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Number per month:		Amount:	
Domestic outgoing: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Number per month:		Amount:	

Foreign incoming: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Number per month:		Amount:	
Foreign outgoing: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Number per month:		Amount:	

Wire Countries	Incoming	Outgoing
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>