

Beneficial Ownership Data Collection

Complete and Return to CNB with a copy of the Driver's License for those listed below.

Provide the following information for each individual who, directly or indirectly, owns 25% or more interest of the legal entity. If no individual owns 25% or more interest, check this box

Beneficial Owner #1

Name: _____

Address: _____

Date of Birth: _____ SSN: _____

Percentage of Ownership (if 25% or more) : _____%

Driver's License info: # _____ State: _____

Date Issued: _____ Expiration Date: _____

If Foreign Person: Passport Number: _____ County of Issuance: _____

Beneficial Owner #2

Name: _____

Address: _____

Date of Birth: _____ SSN: _____

Percentage of Ownership (if 25% or more) : _____%

Driver's License info: # _____ State: _____

Date Issued: _____ Expiration Date: _____

If Foreign Person: Passport Number: _____ County of Issuance: _____

Beneficial Owner #3

Name: _____

Address: _____

Date of Birth: _____ SSN: _____

Percentage of Ownership (if 25% or more) : _____%

Driver's License info: # _____ State: _____

Date Issued: _____ Expiration Date: _____

If Foreign Person: Passport Number: _____ County of Issuance: _____

Beneficial Owner #4

Name: _____

Address: _____

Date of Birth: _____ SSN: _____

Percentage of Ownership (if 25% or more) : _____%

Driver's License info: # _____ State: _____

Date Issued: _____ Expiration Date: _____

If Foreign Person: Passport Number: _____ County of Issuance: _____

Control Person – One individual with significant responsibility for managing the legal entity, such as an executive officer or senior manager (ex. CEO, CFO, COO, Managing Member, General Partner, President, Vice President, Treasurer) or any other individual who regularly performs similar functions. (If appropriate, an individual listed under the ownership section above may also be listed here)

Name: _____

Address: _____

Date of Birth: _____ SSN: _____

Title: _____

Driver's License info: # _____ State: _____

Date Issued: _____ Expiration Date: _____

If Foreign Person: Passport Number: _____ County of Issuance: _____