

**FIRST STATE BANK OF UVALDE
CONSUMER LOANS - NEW CUSTOMER INFORMATION**

**Required prior to account opening*

*Legal Name (As Shown on Social Security Card) _____

*Physical Address _____

*City, State, Zip _____

*Mailing Address (if different) _____

Previous address (if less than 2 years at current address)

*Home Phone _____ Cell Phone _____ Email _____

*Date of Birth ____/____/____ City and State of birth _____

*U.S. Person - SS # ____/____/____ *DL/ID _____ *Exp _____
ST Number *Iss. _____

*Record ID Physical Address: _____

*If Physical Address is not the same as ID address-INDICATE WHY? _____

Obtained Proof of Address

*Non U.S. Person - provide one or more of the following:

Tax payer ID # _____ Alien ID card # _____

Passport # _____ Country of Issuance _____

Other _____
(Must be government issued, evidence nationality or residence and bear current photograph or similar safeguard)

*Current Employer _____ Phone _____

Type of business _____ Position/Title _____

Prior banking relationships _____

Bank Name

City/State

Nearest Relative not living with you:

Name _____ Relation: _____

Address _____ City/St _____ Phone # _____

Referred By _____ Mother's maiden name _____

By signing this document, I authorize First State Bank of Uvalde to verify all information provided, and, to obtain additional information regarding my personal financial history from a consumer-reporting agency or agencies and/or other financial institutions. I understand that this information will only be used in conjunction with First State Bank of Uvalde products and services requested by me and that it will remain in force for the duration of my association.

I certify that the information provided by me is true and correct to the best of my belief.

* Customer Signature

*Date

For Bank Use Only

FIRST STATE BANK OF UVALDE CIP WORKSHEET

Documentary Verification

Indicate each document used for verification.

Primary	Secondary
<input type="checkbox"/> Drivers License _____ Expiration Date	<input type="checkbox"/> Social Security card
<input type="checkbox"/> State issued ID card _____ Expiration Date	<input type="checkbox"/> Credit Card
<input type="checkbox"/> Military ID card _____ Expiration Date	<input type="checkbox"/> Insurance or Prescription Card
<input type="checkbox"/> Passport _____ Expiration Date	<input type="checkbox"/> Utility Bill
<input type="checkbox"/> U.S. alien registration card _____ Expiration Date	<input type="checkbox"/> Student ID card
<input type="checkbox"/> Resident Alien Card _____ Expiration Date	<input type="checkbox"/> Employer Identification Card
	<input type="checkbox"/> Filed Marriage Certificate
	<input type="checkbox"/> Library Card
	<input type="checkbox"/> Apartment Rental Contract

Non-Documentary Verifications

Attach evidence of verification performed. If unable to provide evidence, attach a "CIP Non-Documentary Verification Report".

- Chex System Query Date _____ By _____ *(required for deposit accts)*
- Consumer report Date _____ By _____ *(required for loans)*
- ID Flag verification Date _____ By _____
- Other - _____ Date _____ By _____
- Other - _____ Date _____ By _____

CIP Completed By: _____ Date: _____

CIP Inputted By: _____ Date: _____

Reviewed By: _____ Date: _____

Input Reviewed By: _____ Date: _____