

Application Date:	

Loan Amount:	Loan Pu	rnose:	
Loan Amount.	Loan i u	ipose.	
Description of Collateral:			
Borrower's Legal Name:		Tax ID:	
Borrower's Physical Address:			
	( ) 0 0 ( ) D 1	( )     0   ( )   0	
Type of Business: ( ) C Corp	( ) S Corp ( ) Partnership	( ) LLC ( ) Other	<del></del>
Principal Contact(s):		Contact information: Work - ( ) - Email Address:	Cell - ( ) -
Year Established :	# of Employees:	Nature of Business:	
List and explain any contingent I	iabilities (i.e. business guarantees, lav	vsuits, etc.)	
	Guarant	or Information	
Name		Tax I.D. #	DOB:
Address		Email:	Phone:
Name		Tax I.D. #	DOB:
Address		Email:	Phone:
	List All Officers of the Corpo	oration or Owners of the Bu	usiness
Name:	•	Address:	
SS#:		Phone:	
Title:		% Owner:	
Name:		Address:	
SS#:		Phone:	
Title:		% Owner:	
	tant Information		rney Information
Name:		Name:	
Address:		Address:	
Phone Number:		Phone Number:	

## **EASTERN CT SAVINGS BANK**

Each business credit is unique, and therefore, we may discover that additional information is necessary to give proper consideration to your request. If this occurs, we will contact you promptly. If the information we have requested on the application is not received within 60 days, you will be required to submit a new application.

	Bank References: List checking and say	ngs accounts with Banks, Savings & Loans,	Finance Companies, Brokerage Houses, etc.
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FINANCIAL INSTITUTION	ACCOUNT TYPE	ACCOUNT NUMBER	BALANCE

Credit References: Include loans from Bank	. Finance Companies, Individuals	. other Financial Institutions, etc.
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CREDITOR	OFFICER	PHONE	TYPE	ACCT#	PAYMENT	BALANCE	COLLATERAL
GREBITOR	OFFICER	THORE	1112	71001 #	TATIMEIT	B/IL/IIVOL	OOLE (TETOLE

The information contained in this statement is provided to you to extend or to continue the extension of credit to the undersigned or to others upon the guaranty of the undersigned. The undersigned acknowledges and understands that you are relying on the information provided herein in deciding to grant or continue credit or to accept a guaranty thereof. Each of the undersigned represents, warrants, and certifies that (1) the information provided herein and in conjunction with this statement is true, correct and complete and gives a correct and complete showing of the financial condition of the undersigned, (2) the undersigned has no liabilities direct, indirect or contingent except as set forth in this statement and any attachments, and (3) legal and equitable title to all assets listed herein and in any attachments is in the undersigned's sole name, except as may be otherwise noted.

Each of the undersigned agrees to notify you immediately and in writing of any change in name or address and of any material adverse change (1) in any of the information contained in this statement and any attachments, or (2) in the financial condition of any of the undersigned, or (3) in the ability of any of the undersigned to perform its (or their) obligations to you. In the absence of such notice or a new and full written statement, this should be considered as a continuing statement and substantially correct. You are authorized to make all inquiries you deem necessary to verify the accuracy of the information contained herein, and to determine the creditworthiness of the undersigned and the undersigned hereby authorizes all persons of whom you make such inquiries to respond thereto in full. Each of the undersigned authorizes you to answer questions about your credit experience with the undersigned.

		Application Taken HMDA Reportable	() In Person () Phone () Mail () Yes () No
Borrower Name (Please Print)	Date		
By (Signature):	<del> </del>	By (Signature):	
Title:		Title:	

## Eastern CT Savings Bank

## INTENT TO APPLY FOR JOINT CREDIT

We are submitting the attached Financial Statement(s) to you in connection with an application for credit. We intend to apply for joint credit.

Individual Borrowers	s:		
Applicant Signature	Date	Co-Applicant Signature	Date
Print Name		Print Name	
Corporations, Partne	erships & LLCs:		
Business Name	Date	Business Name	Date
Signature		Signature	
Print Name / Title	<del></del>	Print Name / Title	<del> </del>

BUSINESS CUSTO	MER IDENTIFICATION, VE	RIFICATION & DUE DILIGENCE WORKSHEET	
Account Number:		Account Opening Date:	
Account Type:			
Source of Funds:		Branch:	
Purpose of Account:			
_	BUSINESS IN	IFORMATION	
Business Name:		Mailing Address:  If different from street address	
Street Address:		City, State, ZIP:	
City, State & ZIP:		Primary Contact Name:	
Tax Identification Number:		Primary Contact Email Address:	
Website (if applicable)		Business Telephone Number:	
Description of Business:  Be Specific		NAICS Code:	
Additional Locations of Business Operations: City, State		Locations of International Operations: City, Country	
Date of Incorporation:		Customer Since:	
If applicable	RUSINESS OPER ATT	ONS INFORMATION	
Does the business cash checks?	DOSINESS OF ERRIT	ONS INFORMATION	
If the business cashes checks, does the	husiness cash more than \$1,000 per	nerson per day?	
Does the business sell money orders?	pt	F-1-11 (194)	
·	wire transfers Wastern Union ata	12	
Does the business transmit money (e.g.			
Does the business exchange currency a	ind/or cryptocurrency?		
Is the business cash-intensive?			
Does the business issue prepaid cards?			
Does the business sell lottery tickets?			
Does the business engage in internet ga	ambling?		
Does the business own or operate priva	ately-owned ATMs?		
Does the business rent ATMs?			
Does the business engage in hemp-rela	ted business? If yes, please contact t	he BSA Officer.	
Does the business engage in marijuana-	-related business? If yes, please conta	act the BSA Officer.	
Does the business derive any income di the BSA Officer.	irectly or indirectly from a marijuana-	-related business? If yes, please contact	
Does the business invest in marijuana-r	related businesses? If yes, please con	ntact the BSA Officer.	
Does the business invest in, or conduct	transactions with, cryptocurrency (e	.g. Bitcoin)?	
Please list virtual currency used or a	ccepted.		
Please list virtual currency exchange	s used.		
Is there seasonality to the business's or			
is there seasonancy to the susmess s op	, 6	CCOUNT ACTIVITY	
Does the business anticipate making ca	sh deposits?		
Anticipated Monthly Amount:			
Does the business anticipate making ca	sh withdrawals?		
Anticipated Monthly Amount:			
Does the business anticipate making ch	eck deposits?		
Anticipated Monthly Amount:			
Does the business anticipate making ch	eck withdrawals?		
Anticipated Monthly Amount:	1		
Does the business anticipate receiving	electronic deposits?		
Anticipated Monthly Amount:  Does the business anticipate making el	lastronic withdrawals?		
Anticipated Monthly Amount:	ectionic withdrawais:		
Does the business anticipate sending or	r receiving domestic wire transfers?		
Does the business anticipate sending or	*	rs?	
List locations:			
Will the business use remote deposit or	r other cash management services?		
Will the business be using mobile banki	ng?		
Does the business anticipate using ACH	I-related services (e.g. PayPal, Venmo	o, etc.)?	
	CEF	RTIFICATION	
By signing below (1) I undestar		uestions on the questionnaire changes, the bank must be notified immedately. I, est of my knowledge that the information provided is complete and correct.	

BENEFICIAL OWNERSHIP INFORMATION							
Please list <u>each</u> ind	lividual who, directly or indirectly	, owns 25% or more of the business ope	ening this account.				
Beneficial Owner Name							
[Address]	[Date of Birth]	[Social Security Number]	[Percentage Ownership, ID Type & Expiration Date]				
[//ddress]	[Bute of Birth]	[Social Security Namber]	[i ercentage ownership, ib Type & Expiration bate]				
Beneficial Owner Name							
[Address]	[Date of Birth]	[Social Security Number]	[Percentage Ownership, ID Type & Expiration Date]				
Beneficial Owner Name		_	_				
[Address]	[Date of Birth]	[Social Security Number]	[Percentage Ownership, ID Type & Expiration Date]				
[Address]	[Bate of Birth]	[Social Security Number]	[i creentage ownership, to Type & Expiration Date]				
Beneficial Owner Name							
[Address]	[Date of Birth]	[Social Security Number]	[Percentage Ownership, ID Type & Expiration Date]				
51			D :1 + CFO D + + + )				
Please provide the name of at lea	ist one person who has control o	ver the business opening this account (e	e.g. President, CEO, Partner, etc.)				
Control Person Name							
[Address]	[Date of Birth]	[Social Security Number]	[Title, ID Type & Expiration Date]				
	RENEEICIAI OWNI	ERSHIP CERTIFICATION					
	BENEFICINE OWN	EKSIII CEKIII ICKIION					
I,, her	eby certify, to the best of my kno	owledge, that the information contained	I herein is complete and correct. I also agree				
to notify Eastern CT Savings Bank of any char	nges to the Beneficial Ownership	information provided within this form.					
	, Samings Samings and and Samanala Officially information provided within this form.						
Name of individual opening this account		Signature of individual opening this	Date				
or applying for a loan on the business's		account or applying for a loan on the					
behalf.		business's behalf					
	REGULATION	GG CERTIFICATION					
		00 02111110111011					
Federal regulations implemented pursuant to							
are prohibited from processing any restricted	l gambling transactions on their l	behalf. Restricted transactions involve th	ne collection of internet bets or wagers for				
businessess engaged in internet gambling tro	ınsactions (e.g. online gambling c	casinos) that are made by persons partic	ipating in unlawful internet gambling				
transactions. For instance, we are prohibited	from processing any transaction	s by check, credit or debit card, electron	ic funds transfers, wire transfers or similar				
devices for credit to a commercial account if the transaction involves the receipt of an unlawful bet or wager made through the internet. A bet or wager is							
unlawful if it violates any applicable Federal,							
, ,,,,		5, 24 67 64.					
By signing below (1) I understand that if at a	any time the business engages in	internet gambling transactions the bar	nk must be notified immediately.				
, 5 5 1, -,							
Name of individual opening this account		Signature of individual opening this	Date				
or applying for a loan on the business's		account or applying for a loan on the					
behalf.		business's behalf					

business's behalf