



NEW ACCOUNT APPLICATION – CONSUMER

IMPORTANT ACCOUNT OPENING INFORMATION: Federal law requires Regent Bank to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances, we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.

STATUS: PRIMARY OWNER JOINT OWNER AUTHORIZED SIGNER TRUST			
OTHER: _____			
NAME OF TRUST			TRUST TAX ID (if applicable)
NAME (LAST, FIRST, MIDDLE)			SOCIAL SECURITY NUMBER
PHYSICAL ADDRESS			CITY, STATE, ZIP COUNTY
MAILING ADDRESS (If Different)			CITY, STATE, ZIP COUNTY
DRIVER'S LICENSE #			STATE/ISSUE DATE/EXP DATE
BIRTHDATE	HOME TELEPHONE #	CELL PHONE #	MOTHERS MAIDEN NAME
EMAIL ADDRESS			BUSINESS PHONE #
EMPLOYER NAME		OCCUPATION	
Accounting	Gas Station	Liquor/Tobacco Store	Realtor/Broker
ATM/Check Cashing Service	Importer/Exporter	Medical Doctor/Clinic	Restaurant
Auctioneer	Investments/Broker	Money Transmitter	Transportation
Car/Boat/Plane Dealer	Jewels/Metals Dealer	Parking Garage	Travel Agency
Convenience Store	Laundromat/Vending	Pawn Shop	
Deposit Broker	Leather Goods	Real Estate	
Retail Store (explain): _____			
Self-employed (nature of business): _____			
Other Occupation: _____			
Are you a citizen of the United States?		YES	NO
If no, of which country are you a citizen? _____			
CLIENT SIGNATURE			DATE

For Bank Use Only: CIF Number: _____