



CUSTOMER PROFILE (PERSONAL ACCOUNT)

New Application []

Modification []

Customer No.: _____

Personal Account: [] INDIVIDUAL [] JOINT

Types of Account: [] CHECKING A/C No. _____ Date Opened ___/___/___
[] STATEMENT SAVINGS (USD) A/C No. _____ Date Opened ___/___/___
[] STATEMENT SAVINGS (CNY) A/C No. _____ Date Opened ___/___/___
[] PREMIER STATEMENT SAVINGS A/C No. _____ Date Opened ___/___/___
[] MONEY MARKET ACCOUNT A/C No. _____ Date Opened ___/___/___
[] NOW A/C No. _____ Date Opened ___/___/___
[] TIME DEPOSIT (USD) A/C No. _____ Date Opened ___/___/___
[] TIME DEPOSIT (CNY) A/C No. _____ Date Opened ___/___/___

Account Holder:

[] Mr. [] Mrs. [] Ms. [] Miss

First Name: _____ Middle Name: _____ Last Name: _____

Identification Information*

Primary I.D.: Driver License/Passport/ _____ Secondary I.D.: Credit Card/Utility Bills/ _____

*One of the ID reviewed must contain the person's photo

[N.B.: Notarized copies of the necessary Identifications are required if the Account is opened by Mail]

Social Security Number _____ Date of Birth: ___/___/___

Citizenship Status: [] U.S Citizen [] Permanent Resident ("Green card" holders) [] Resident Alien [] Nonresident Alien
(Please check one)

If you are not U.S Citizen, please specify your nationality: _____

Home Address _____
(P.O. Box not acceptable) City State Zip Country/Region

Mailing Address: _____
City State Zip Country/Region

Home Phone # _____ Cell Phone # _____ Email: _____

Employment Status: [] Full Time [] Part Time [] Contactor/Consultant [] Self-employed [] Other; Please specify _____
(Please check one)

Occupation*: _____ Employers/Business Name (if self-employed): _____

Business Address: _____
(P.O. Box not acceptable) City State Zip Country/Region

Business Phone #: _____ Mother's maiden name: _____

Mid-town Branch: 1045 Avenue of Americas, New York, NY 10018 Tel. No.: (212) 935-3101 Member FDIC
Queens Branch: 42-35 Main Street, Flushing, NY 11355 Tel. No.: (212) 925-2355 Member FDIC
Los Angeles Branch: 444 South Flower Street, 39/F., Los Angeles, CA 90071 Tel. No.: (213) 688-8700 Not Member FDIC
Chicago Branch: 111 South Wacker Drive, Suite 4800, Chicago, IL 60606 Tel. No.: (312) 506-8688 Not Member FDIC



Purpose of Account:

Savings Operating Loans Remittance To _____ From _____

Others; Please specify _____ Annual Income: _____

Source of Wealth/Funds: Salaries Self-employed Retirement

Spouse's Income: Please provide spouse's name: _____

Inheritance/Family Gift; Please provide name: _____

Others; Please specify: _____

Expected Use of Account			
Cash Transactions	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please specify the following:	
No. of Cash Deposit (Per year)	<input type="checkbox"/> 1-5 <input type="checkbox"/> 6-10 <input type="checkbox"/> 11-25 <input type="checkbox"/> >25	Cash Deposit Amount (Per year)	<input type="checkbox"/> \$1-\$1,000 <input type="checkbox"/> \$1,001-\$5,000 <input type="checkbox"/> \$5,000-\$10,000 <input type="checkbox"/> >\$10,000
No. of Cash Withdrawal (Per year)	<input type="checkbox"/> 1-5 <input type="checkbox"/> 6-10 <input type="checkbox"/> 11-25 <input type="checkbox"/> >25	Cash Withdrawal Amount (Per year)	<input type="checkbox"/> \$1-\$5,000 <input type="checkbox"/> \$5,001-\$10,000 <input type="checkbox"/> \$10,001-\$25,000 <input type="checkbox"/> >\$25,000
Remittance	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please specify the following:	
No. of Outward Remittance (Per year)	<input type="checkbox"/> 1-5 <input type="checkbox"/> 6-20 <input type="checkbox"/> 21-50 <input type="checkbox"/> >50	Outward Remittance Amount (Per year)	<input type="checkbox"/> \$1-\$10,000 <input type="checkbox"/> \$10,001-\$50,000 <input type="checkbox"/> \$50,001-\$100,000 <input type="checkbox"/> >\$100,000
Purpose			
No. of Inward Remittance (Per year)	<input type="checkbox"/> 1-5 <input type="checkbox"/> 6-20 <input type="checkbox"/> 21-50 <input type="checkbox"/> >50	Inward Remittance Amount (Per year)	<input type="checkbox"/> \$1-\$10,000 <input type="checkbox"/> \$10,001-\$50,000 <input type="checkbox"/> \$50,001-\$100,000 <input type="checkbox"/> >\$100,000
Purpose			

Print Name: _____ Signature _____ Date _____

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General Agreement:

Customer No.: _____

This account is subject to the Bank of China General Deposit Account Agreement and Terms and Charges Disclosure. The undersigned acknowledges receipt of and agrees to the General Deposit Account Agreement and Terms and Charges Disclosure; Currently in effect and as may be amended from time to time.

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding and,
3. I am a U.S. person (including a U.S. resident alien).

Certification Instructions: You must cross out item (2) if you have been notified by the IRS that you are currently subject to backup withholding because of underreporting interest or dividends on your tax return and cross out item (3) if you are not a U.S. person (including a U.S. resident alien).

I/We acknowledge receipt of and/or an opportunity to review copies of the Bank's (i) General Rules of Deposit Account/Deposit Agreement/Account Agreement, (ii) Accounts Disclosures applicable to the account, including Electronic Funds Transfer Disclosure; Funds Availability Disclosure; Check 21 Notice; CIP Disclosure, (iii) Schedule of the Bank's service charges and rate sheet, and (iv) Privacy Notice applicable to this/these account(s) and agree to be bound by their provisions.

I/We also acknowledge the Bank's right to verify my/our account references and other information contained in this application and to inquire concerning my/our credit, including obtaining information from credit reporting agencies or similar sources, and to the extent it may be germane to such verification and inquiry by the Bank, I/We hereby grant the Bank permission to contact any person and obtain any such information as the Bank may deem desirable.

I/We declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct; Executed on the dates set forth below.

This form applies to all accounts held by the same account holder, business and the same signatory (ies)

Signature of Account Holders/Beneficiary Holders

Date

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FOR BANK USE ONLY

Source of Deposit: _____

Reason for opening an account with the Bank

Customer Number: _____ Opened by: _____ Date: _____

Verification of Accountholder's Address and Phone No. by: _____ Date: _____

Verification of TIN and Primary ID by: _____ Date: _____

LexisNexis/Instant ID on Accountholder Inquired by: _____ Date: _____

Office of Foreign Assets Control Checked by: _____ Date: _____

For Non-Resident Aliens: Engaged or considered to be engaged in a trade or business in the U.S. (Yes/No) If yes, please

specify: _____

Remarks: _____

Approved by: _____ **Date:** _____

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