



ATM OPERATOR INFORMATION SHEET

Business Information

Business Type: _____ (Corporation, Partnership, LLC, Financial Institution, Sole Proprietor)

Business DBA Name: _____

Business Taxpayer ID # _____

If entity is a Financial Institution enter FDIC# _____

If entity is a Financial Institution – is it a U.S. Financial Institution? _____

Is this a Money Services Business? (See attached Glossary of Terms) _____

Business Name _____

Business Address (No PO Box Allowed) _____

Phone Number _____

Contact _____

State of Incorporation _____ Month & Year of Incorporation _____

Principal Information (Any principal with at least 20% Ownership must be documented. If entity is a Partnership, a minimum of two partners is required.)

Principal's Full Name _____

Principal's Title _____

Social Security Number _____

Date of Birth _____

Are you a U.S. Citizen? _____

Are you a Politically Exposed Person? _____

Physical Address (Home Address-No PO Box Allowed) _____

Phone Number _____

Please use attached if more than one 20% or greater Owner.

This information will be used in strict confidence to determine eligibility of ATM Operator under current Customer Identification Program requirements to include but not limited to: OFAC (Office of Foreign Assets Control) Check; ID verification of business and principal(s); Background criminal check on Principal(s).

ATM Operator

Dated

Wellington Technologies, Inc. certifies that an appropriate level of due diligence was performed on the above ATM Operator and that No significant derogatory information was found.

WELLINGTON TECHNOLOGIES, INC. Dated: _____

By: _____ Title: _____



ATM OPERATOR INFORMATION SHEET

Principal Information (20% Ownership or Greater)

Principal's Full Name _____
Principal's Title _____
Social Security Number _____
Date of Birth _____
Are you a U.S. Citizen? _____
Are you a Politically Exposed Person? _____
Physical Address (**Home Address**-No PO Box Allowed) _____

Phone Number _____

Principal's Full Name _____
Principal's Title _____
Social Security Number _____
Date of Birth _____
Are you a U.S. Citizen? _____
Are you a Politically Exposed Person? _____
Physical Address (Home Address-No PO Box Allowed) _____

Phone Number _____

Principal's Full Name _____
Principal's Title _____
Social Security Number _____
Date of Birth _____
Are you a U.S. Citizen? _____
Are you a Politically Exposed Person? _____
Physical Address (Home Address-No PO Box Allowed) _____

Phone Number _____

Principal's Full Name _____
Principal's Title _____
Social Security Number _____
Date of Birth _____
Are you a U.S. Citizen? _____
Are you a Politically Exposed Person? _____
Physical Address (Home Address-No PO Box Allowed) _____

Phone Number _____