The Bank of South Carolina Account Information Worksheet

Federal law requires us 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. Our privacy policy and federal law protect the information you provide.

	Individual Information
*Name	
*Physical Address	
(No P O Box)	
Mailing Address	
(if different)	
*Date of Birth	
*Social Security Number	
*Driverøs License Number,	SCDL #:
State or Provincial,	
Expiration date	Expiration Date:
*Other Identification	
(Description, details)	
Home telephone number	
Work telephone number	
Mobile telephone number	
E-mail address	
Employerøs name &	
Address	
Occupation	
Motherøs maiden name	
	Individual Information
*Name	
*Name *Physical Address	
*Physical Address	
*Physical Address (No P O Box)	
*Physical Address (No P O Box) Mailing Address	
*Physical Address (No P O Box) Mailing Address (if different)	
*Physical Address (No P O Box) Mailing Address (if different) *Date of Birth	SCDL #:
*Physical Address (No P O Box) Mailing Address (if different) *Date of Birth *Social Security Number	SCDL #:
*Physical Address (No P O Box) Mailing Address (if different) *Date of Birth *Social Security Number *Driverøs License Number,	SCDL #: Expiration Date:
*Physical Address (No P O Box) Mailing Address (if different) *Date of Birth *Social Security Number *Driverøs License Number, State or Provincial,	
*Physical Address (No P O Box) Mailing Address (if different) *Date of Birth *Social Security Number *Driverøs License Number, State or Provincial, Expiration date	
*Physical Address (No P O Box) Mailing Address (if different) *Date of Birth *Social Security Number *Driverøs License Number, State or Provincial, Expiration date *Other Identification	
*Physical Address (No P O Box) Mailing Address (if different) *Date of Birth *Social Security Number *Driver& License Number, State or Provincial, Expiration date *Other Identification (Description, details)	
*Physical Address (No P O Box) Mailing Address (if different) *Date of Birth *Social Security Number *Driverøs License Number, State or Provincial, Expiration date *Other Identification (Description, details) Home telephone number	
*Physical Address (No P O Box) Mailing Address (if different) *Date of Birth *Social Security Number *Driver& License Number, State or Provincial, Expiration date *Other Identification (Description, details) Home telephone number Work telephone number	
*Physical Address (No P O Box) Mailing Address (if different) *Date of Birth *Social Security Number *Driver& License Number, State or Provincial, Expiration date *Other Identification (Description, details) Home telephone number Work telephone number	
*Physical Address (No P O Box) Mailing Address (if different) *Date of Birth *Social Security Number *Driverøs License Number, State or Provincial, Expiration date *Other Identification (Description, details) Home telephone number Work telephone number Mobile telephone number E-mail address	
*Physical Address (No P O Box) Mailing Address (if different) *Date of Birth *Social Security Number *Driver& License Number, State or Provincial, Expiration date *Other Identification (Description, details) Home telephone number Work telephone number Mobile telephone number E-mail address Employer& name &	

	Non-Individual Entity Information
*Legal Name	
*Physical Address	
(No P O Box)	
Mailing Address	
(if different)	
*Employer Identification	
Number	
*Document showing	
existence of entity	
(Description, details)	
State/County & Date of	
Organization	
Nature of Business	
Internet Gambling	
Business?	
Type of entity (ex. Corp.)	
Authorization Resolution	
date	
Telephone number	
Mobile telephone number	
E-mail address	