



**UNIVERSAL BANKING & PAYMENT PROCESSING APPLICATION
SCHEDULE "B" - COMPLIANT BANK ACCOUNT QUESTIONNAIRE**

APPLYING FOR (Check all that apply)							
Licensee Operating Account		Licensee Legacy Funds Account			Ancillary Operating Account		
Investment Operating Account		CBD/Nutraceuticals Operating Account			Other (Specify)		
Projected Total Monthly Deposits	% Cash	Projected Total 1st Year Deposits	% Cash				
If you sell goods & services to (other) licensees, what % is paid in cash?				Do you sell to the general public?			
				yes no			
What % of your initial deposit will be in cash?			Amount of cash to be deposited in 1st 30 days?				
BUSINESS STRUCTURE (Check all that apply)							
Corporation	LLC	Non-Profit	Public	Partnership	Sole Proprietor	Tribal	Other (Specify)
States applicant is registered to conduct business in?							
BANKING SERVICES (Check all that apply)							
Employee Accounts	Payroll Service	Commercial Lending	Business Checking	Bill Pay	Debit Card(s)	ACH	Wires
Equipment Leasing	Real Estate Financing	Check Deposit	Investment & CDs	Cash Advance	Cash Management	Other (Specify)	
COMPLIANCE							
Are any company principals, officers, or beneficial owners citizens of Afghanistan, Libya, North Korea, Sudan, Syria or Yemen?							
yes no							
<i>If applicable, briefly describe or identify your current:</i>							
POS System:							
Seed to Sale Tracking System:							
Other Compliance Programs, Software and/or Consultants:							
Any prior POS system used for historical records?				If YES, please describe and identify:			
yes no							
Have you ever been cited for non-compliance?				If YES, when and why?			
yes no							
Does one or more of your entities currently have a bank account?				If NO, have one or more of your entities had a bank account within the last sixty (60) days?			
yes no				yes no			
Describe/Explain:							
<i>If you answered YES to either question above regarding having a bank account: Is/was the branch manager aware of your association with the cannabis industry?</i>							
yes no							
Briefly describe what if any compliance and reporting the bank requires/required:							
Are you currently accepting electronic payments for goods or services?				If YES, briefly describe and/or identify processor:			
yes no							
Company Name				Application Contact Name			
Email				Phone			



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TYPE OF COMPANY (Check only those that apply to and describe your type of business)

LICENSEES

Dispensaries	Cultivators & Grow Operations	Manufacturing & Processing
Extraction & Infused Products	Wholesale Distribution	Scientific, Pharmaceutical, Research & Development

B2B ANCILLARY PROFESSIONALS (Receiving Payment for Services from Licensees)

Test Labs	Attorneys and Legal Services	Accounting and Tax Services
Business & Capital Formation Advisory	Finance, Leasing & Asset Management	Licensing, Regulatory & Compliance
Banking & Payment Solutions	Delivery Services	Insurance & Risk Management
Internal & External Security Systems	Hedge Funds & Private Equity	Landlords & Real Estate Brokers
Marketing, Advertising & Branding	Websites and Social Media	Public Relations
Plumbers, Electricians & General Contractors	Personnel & Human Resources	Other (Specify)

B2B ANCILLARY ENTERPRISES (Receiving Payment for Goods from Licensees)

Manufacturers & Distributors of Vapes, Dabs, Glassware, Clothing, Non-Plant-Derived Merchandise & Other Smoking Accessories		Automobile & Truck Dealers
Capital Equipment - Manufacturers & Distributors	Greenhouses, Lighting, Irrigation & Cultivation Systems	Soil, Nutrients & Hydroponics
Other (Specify)	Other (Specify)	Other (Specify)

ASSOCIATED VERTICALS

CBD Brick & Mortar Retail	CBD Regional & National Manufacturers & Wholesale Distributors	CBD Online & Shopping Cart Integration
Peptides	Kratom	Cannabis Seeds
Other (Specify)	Other (Specify)	Other (Specify)

GENERAL TRADE SERVICES

Investment Advisory	Venture Capital and Angel Investors	Education
Printing & Publishing	Trade Shows & Conferences	Trade Show Exhibits
Data & Reporting Services	Trade Associations	Trade Media
Advocacy & Campaigns	Other (Specify)	Other (Specify)

B2C ANCILLARIES (Receiving Payment for Goods & Services from the General Public)

Medical Practitioners	Tour Operators	Directories & Information Services	Trade Associations
Brick & Mortar and Online Retailers of Vapes, Dabs, Glassware, Clothing, Non-Plant-Derived Merchandise & Other Smoking Accessories			Other (Specify)

PUBLIC COMPANIES, HYBRIDS AND MULTI-STATE OPERATORS

Publicly-Traded Entities	Public Companies with Multi-State Licensed Subsidiaries	Multi-State Licensed Operators
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**UNIVERSAL BANKING & PAYMENT PROCESSING APPLICATION
SCHEDULE "D" - BUSINESS PROFILE QUESTIONNAIRE
Page Two**

LEGAL STRUCTURE (Check all that apply)

Corporation	LLC	Public	Partnership	Sole Proprietor	Tribal	Non-Profit	Other (Specify)
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States applicant is registered to conduct business in?

COMPANY FRAMEWORK

Legal Name	Trade Name	1st License Issue Date (Mo/Yr) <i>If applicable</i>	
Legal Name	Trade Name	1st License Issue Date (Mo/Yr) <i>If applicable</i>	
Legal Name	Trade Name	1st License Issue Date (Mo/Yr) <i>If applicable</i>	
Application Contact:	Name	Phone	Email

HQ Address

Licensed Operation Location(s) (by State & City/County)

B2C & Dispensary(s):
Cultivation Facility(s)
Manufacturing Facility(s)
Other Facilities (Specify Type)

Ancillary Operation Location(s) (by State & City/County)

Principals & Beneficial Owners (10%+)

Name	Title	Residence (City/State)
Name	Title	Residence (City/State)
Name	Title	Residence (City/State)
Name	Title	Residence (City/State)
Name	Title	Residence (City/State)
Name	Title	Residence (City/State)

Management

Name	Title	Residence (City/State)
Name	Title	Residence (City/State)
Name	Title	Residence (City/State)
Name	Title	Residence (City/State)

