



CTA Census

Name of person completing this form: _____

Entity Name: _____

Mailing Address of Entity			
Street Address	City	State	Zip

Personnel Record for Census

Beneficial Owner #1

Name _____

Date of Birth _____

Mailing Address:

Same as Mailing Address of Entity

--OR--

Residential Mailing Address			
Street Address	City	State	Zip

Please provide an image of a valid ID (passport, driver's license, real ID, etc.)	
Valid ID Unique Identification Number	

Beneficial Owner #2

Name _____

Date of Birth _____

Mailing Address:

Same as Mailing Address of Entity

--OR--

Residential Mailing Address			
Street Address	City	State	Zip

Please provide an image of a valid ID (passport, driver's license, real ID, etc.)	
Valid ID Unique Identification Number	

Beneficial Owner #3

Name _____

Date of Birth _____

Mailing Address:

Same as Mailing Address of Entity

--OR--

Residential Mailing Address			
Street Address	City	State	Zip

Please provide an image of a valid ID (passport, driver's license, real ID, etc.)	
Valid ID Unique Identification Number	

If there are more than three Beneficial Owners, please let us know.

Other Substantial Control Person(s)

Name _____

Date of Birth _____

Role within entity: CEO CFO Secretary General Counsel

Mailing Address:

Same as Mailing Address of Entity

--OR--

Residential Mailing Address			
Street Address	City	State	Zip

Please provide an image of a valid ID (passport, driver's license, real ID, etc.)	
Valid ID Unique Identification Number	

Name _____

Date of Birth _____

Role within entity: CEO CFO Secretary General Counsel

Mailing Address:

Same as Mailing Address of Entity

--OR--

Residential Mailing Address			
Street Address	City	State	Zip

Please provide an image of a valid ID (passport, driver's license, real ID, etc.)	
Valid ID Unique Identification Number	

Name _____

Date of Birth _____

Role within entity: CEO CFO Secretary General Counsel

Mailing Address:

Same as Mailing Address of Entity

--OR--

ResidentialMailing Address			
Street Address	City	State	Zip

Please provide an image of a valid ID (passport, driver's license, real ID, etc.)	
Valid ID Unique Identification Number	

Name _____

Date of Birth _____

Role within entity: CEO CFO Secretary General Counsel

Mailing Address:

Same as Mailing Address of Entity

--OR--

ResidentialMailing Address			
Street Address	City	State	Zip

Please provide an image of a valid ID (passport, driver's license, real ID, etc.)	
Valid ID Unique Identification Number	