

Part IV Filing Institution Contact Information

*52 Type of financial institution

Other (specify)

*43 Primary federal regulator

53 If 52a - Casino/Card Club is checked, indicate type (check only one)

☐ State licensed casino

☐ Tribal authorized casino

☐ Card club

☐ Other

*44 Legal name of filing institution

45 Alternate name, e.g. trade name, DBA

*46 EIN

*47 Address

*48 City

*49 State

*50 ZIP code

*51 Country

54 Financial institution ID type

ID number

*55 Contact office

*56 Phone number Ext.

*57 Date filed (Date filed will be auto-populated when the form is signed.)