

**Part IV Filing Institution Contact Information**

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\*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.)