

## **Beneficial Ownership Information (BOI) Request: Summary of Data Fields by Authorized Recipient**

**Note:** Data fields that must be filled in to start a search are identified with the \* symbol next to the data field. *Italicized text* provides a description and/or explanation of lines and response options for purposes of this PRA notice.

### **I. Financial institutions**

#### **Proposed data fields and certification:**

##### **Search for Beneficial Ownership Information**

\*Reporting company legal name

\*Reporting company tax identification number type (*select one from list of options*)

- *EIN (Employer Identification Number)*
- *SSN/ITIN (Social Security Number / Individual Taxpayer Identification Number)*
- *Foreign (if “foreign” is selected, a drop down menu for “country/jurisdiction” populates automatically; select from list of countries/jurisdictions)*

\*Reporting company tax identification number

##### **\*Certification**

I certify on behalf of the financial institution making this request that: (1) this information is requested to facilitate the financial institution’s compliance with customer due diligence requirements under applicable law, as defined in 31 CFR 1010.955(b)(4)(i); (2) the financial institution has obtained and documented the consent of the reporting company to request this information from FinCEN; and (3) the financial institution has fulfilled all other requirements of 31 CFR 1010.955(d)(2).

**[Select “I agree”]**

### **II. State, local, and Tribal law enforcement agencies**

#### **Proposed data fields and certification:**

##### **New Justification**

\*Agency Reference (*agency’s internal reference name for BOI request*)

\*Court authorization description (*description of the information the court has authorized the agency to seek*)

\*Name of court of competent jurisdiction

\*Date of court authorization (mm/dd/yyyy)

**Checkbox** Request is being conducted on behalf of another person in the same agency (*select this checkbox if the BOI request is made on behalf of another person in the same agency; provide the following information if this checkbox is selected: \*first name of requester; middle name of requester; \*last name of requester; title; city; \*country/jurisdiction; state; ZIP/foreign postal code*)

**\*Certification**

I certify that a court of competent jurisdiction has authorized my agency to seek this information in a criminal or civil investigation and that the requested information is relevant to the criminal or civil investigation.

**[Select “I agree”]**

**III. State regulatory agencies**

**Proposed data fields and certification:**

**Search Beneficial Ownership Information Requested by Financial Institutions**

*To begin a search, provide a Financial Institution Name or Financial Institution Employer Identification Number (EIN). To further refine your search, you may enter a Reporting Company Legal Name, Reporting Company Tax Identification Number, and/or a date range in which the financial institution searched for beneficial ownership information.*

Financial Institution

Financial Institution EIN (*Employer Identification Number*)

Reporting Company Legal Name

Reporting Company Tax Identification Number

Start Date (mm/dd/yyyy) (*start of date range of financial institution search for beneficial ownership information*)

End Date (mm/dd/yyyy) (*end of date range of financial institution search for beneficial ownership information*)

**\*Certification**

I certify that my agency is authorized by law to assess, supervise, enforce, or otherwise determine the compliance of a relevant financial institution with customer due diligence requirements under applicable law, as defined in 31 CFR 1010.955(b)(4)(i), and that my agency will use the requested information solely for such purposes.

**[Select “I agree”]**