The information contained in this Certification is sought pursuant to Section 1020.230 of Title 31 of the United States Code of Federal Regulations (31 CFR 1020.230). **Sole Proprietors are equally subject to the completion of this form.**

1. Provide the following information for each owner (individual, registered entity, trust/estate, etc.), if any, who, directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns equity interests of **SFBUSINESSLEGALNAME - SFEINTAXNUMBER**. **If no individual holds 10% or more of ownership, jump to Section II.** Please note that the ownership **must add up to 100%**.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FULL LEGAL OWNER NAME** | **DATE OF BIRTH** | **RESIDENTIAL (PHYSICAL) ADDRESS** | **FOR US PERSONS: SSN/ITIN**  | **FOR NON-US PERSONS: PASSPORT OR OTHER GOVERNMENT ISSUED ID NUMBER** | **PERCENT (%) OF OWNERSHIP** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Table 1

*NOTES: Option to autopopulate owner name as collected from registration screen(s) and free field(s) (must include first name, middle name , last name).*

|  |  |  |
| --- | --- | --- |
| **LEGAL ENTITY OWNER NAME\*** | **CONTACT EMAIL** | **PERCENT (%) OF OWNERSHIP** |
|  |  |  |
|  |  |  |
|  |  |  |

Table 2

*NOTES: Option to autopopulate company name (Legal Business Name field) as collected from registration screen(s) and free field(s).*

**\*Beneficial Owner Detail:** As applicable, explain any layers of Beneficial Ownership, etc. (For example, ABC Co. is 50% owned by 123 Corp. 123 Corp. is 50% owned by John Doe; therefore, John is a 25% Beneficial Owner of ABC Co.)

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**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*NOTES: This section must be free fill. Client should type in layers of beneficial ownership of Legal Entity Owners captured in Table 2.*

1. Provide the following for **one** individual with significant responsibility (Control Person) for managing **SFBUSINESSLEGALNAME**, such as:
* An executive officer or senior manager (e.g. Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer); or,
* Any other individual who regularly performs similar functions. (If appropriate, an individual listed in Table 1 above may also be listed in this Table 2).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **FULL LEGAL NAME** | **DATE OF BIRTH** | **RESIDENTIAL (PHYSICAL) ADDRESS** | **FOR US PERSONS: SSN/ITIN**  | **FOR NON-US PERSONS: PASSPORT OR OTHER GOVERNMENT ISSUED ID NUMBER** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Table 3

|  |
| --- |
| **CLIENT CERTIFICATION** |
| **I, [SFPRINCIPALOWNERNAME], hereby certify, to the best of my knowledge, that the information provided above is complete and correct.****In the event of changes to the information in this form, I agree to promptly notify SellersFi and provide the updated information.****Signature: SFSIGNHERE Title within Company (CEO, President, etc.): SFTITLE Date: SFCURRENTDATE**  |

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*NOTES: This field must be free fill. Client should type in name of NATURAL PERSON opening the SellersFi account.*