



To allow your company access to the consumer complaints submitted against it through the Consumer Financial Protection Bureau (CFPB), complete the required sections of this form. The information requested will help us to set up your company portal, provide access to the portal for any company-authorized individual, and to route complaints efficiently to your portal. Once you have completed the form you may submit the form by emailing the form to CFPB_StakeholderSupport@cfpb.gov.

**Notice of Collection under the Privacy Act of 1974, 5 U.S.C. § 552a -- As Amended
(Privacy Act Notice)**

The information that you provide to the Consumer Financial Protection Bureau (CFPB) will be used to create a user account so that you may log on to the web-based company portal for the CFPB's Office of Consumer Response. Account access to the web-based company portal will enable you to view complaints or inquiries filed against your company with the CFPB and allow you to respond to the complaints or inquiries. The information you provide may be shared:

- To a court, magistrate, or administrative tribunal in the course of a proceeding;
- For enforcement, statutory, and regulatory purposes;
- To another federal or state agency or regulatory authority;
- To a member of Congress; to the Department of Justice, a court, an adjudicative body or administrative tribunal, or a party in litigation; and
- Pursuant to the CFPB's published Privacy Act System of records notice, CFPB.005- Consumer Response System.

We may also share the response you submit regarding your company and its business activities (but not personally identifiable information) with the public through the Public Complaint Database.

You are not required to submit or provide any identifying information; however, if you do not include the requested information you may not be granted access to the company portal.

The collection of information is authorized by Public Law III-203, Title X, Sections 1011, 1012, 1013 (b)(3), 1021, 1034, codified at 12 U.S.C. 5491, 5492, 5493(b)(3), 5511, 5534.

COMPANY BOARDING FORM

Company information

This section is required. Please fill out the information in this section as it relates to your company.

1 FULL NAME OF COMPANY

2 Indicate the business structure of your company

Corporation	S Corporation	Partnership
Limited Liability Company	Sole Proprietorship	

3 Enter your company's tax ID

COMPANY'S TAX ID

4 Enter your company's Financial Institution Number (FIN)

COMPANY'S FINANCIAL INSTITUTION NUMBER

* If your company does not have a FIN, list "N/A"

5 Please list your company's URL or website

COMPANY'S WEBSITE OR URL

6 Is this a web-based business (a web-based business is a business whose products or services are offered only through the internet)?

YES NO

7 Please list the mailing address of your company's headquarters

STREET

CITY

STATE

ZIP CODE

This should NOT be a P.O. Box

8 Does this address also reflect your state of incorporation or home state of business?

YES NO

(If "Yes," skip to question 11)

COMPANY BOARDING FORM

Company information (continued)

Answer question 9 only if you answered "No" to question 8

9 Please select the state of incorporation or home state of business for your company

10 Please list any state business licenses your company has and indicate the state for which the license is valid

(If you need more rows than listed, please use the additional sheets at the end of the form or as an attachment.)

STATE BUSINESS LICENSE NUMBER	STATE FOR WHICH THE LICENSE IS VALID

11 Is your company or a portion of your company owned by another company, often referred to as a parent company? YES NO

Answer questions 12-14 only if you answered "YES" to question 11

12 Please enter the full name of your parent company

PARENT COMPANY'S FULL NAME

13 Please list a point of contact (POC) for your parent company

FULL NAME OF POINT OF CONTACT FOR PARENT COMPANY

14 Please list a contact phone number or email address for the POC

WORK PHONE - - EMAIL

COMPANY BOARDING FORM

Contact information

This section is required. The authorized company officer or their designee will be the main point of contact for the CFPB and will be the only authorized personnel to add or remove users from the company portal maintained by the CFPB.

15 **Please provide the information of the authorized officer/employee**

AUTHORIZED OFFICER/EMPLOYEE FULL NAME

POSITION/TITLE

EMAIL

WORK PHONE

				-							
--	--	--	--	---	--	--	--	--	--	--	--

16 **If the authorized officer/employee is unavailable, please list the full name of the official designee**

OFFICIAL DESIGNEE FULL NAME

EMAIL

WORK PHONE

				-							
--	--	--	--	---	--	--	--	--	--	--	--

Portal users information

This section is required. The following information is needed to setup the user profiles for each company-authorized individual. Enter the information necessary for all users that need access to the company portal. Please provide information on each person you designate as a user.

17 **Are the authorized officer/employee (from Section B) and designee, if named, the only portal users?**

YES

NO

(If "NO," please fill out the following section for each portal user.)



Portal user information (continued)

Answer questions 18-22 only if you answered "NO" to question 17

18 Please provide the information for the first portal user

FIRST PORTAL USER'S FULL NAME

POSITION/TITLE

EMAIL

WORK PHONE

				-									
--	--	--	--	---	--	--	--	--	--	--	--	--	--

Will this person need to export data into Excel or some other file?

YES

NO

Would you like to designate this person to submit portal servicing tickets?

YES

NO

19 Please provide the information for the second portal user

SECOND PORTAL USER'S FULL NAME

POSITION/TITLE

EMAIL

WORK PHONE

				-									
--	--	--	--	---	--	--	--	--	--	--	--	--	--

Will this person need to export data into Excel or some other file?

YES

NO

Would you like to designate this person to submit portal servicing tickets?

YES

NO

Portal user information (continued)

20 Please provide the information for the *third* portal user

THIRD PORTAL USER'S FULL NAME

POSITION/TITLE

EMAIL

WORK PHONE

 - -

Will this person need to export data into Excel or some other file?

YES

NO

Would you like to designate this person to submit portal servicing tickets?

YES

NO

21 Please provide the information for the *fourth* portal user

FOURTH PORTAL USER'S FULL NAME

POSITION/TITLE

EMAIL

WORK PHONE

 - -

Will this person need to export data into Excel or some other file?

YES

NO

Would you like to designate this person to submit portal servicing tickets?

YES

NO

22 Please provide the information for the *fifth* portal user

FIFTH PORTAL USER'S FULL NAME

POSITION/TITLE

EMAIL

WORK PHONE

 - -

Will this person need to export data into Excel or some other file?

YES

NO

Would you like to designate this person to submit portal servicing tickets?

YES

NO

COMPANY BOARDING FORM

Affiliates and subsidiaries information

This section is required. The following information is needed to effectively route consumer complaints against affiliates and subsidiaries.

23 Does your company have any affiliates or subsidiaries? YES NO
(If "YES," please fill out the following section for each affiliate or subsidiary)

24 Answer these questions only if you have answered "Yes" to question 23
(Please only list subsidiaries and affiliates that provide consumer financial products or services, and whose businesses would impact CFPB's routing of consumer complaints)

AFFILIATE/SUBSIDIARY FULL NAME

TAX ID

STATE BUSINESS LICENSE NUMBER

STATE FOR WHICH THE LICENSE IS VALID

ENTITY FOR WHICH IT IS REGISTERED

AFFILIATE/SUBSIDIARY FULL NAME

TAX ID

STATE BUSINESS LICENSE NUMBER

STATE FOR WHICH THE LICENSE IS VALID

ENTITY FOR WHICH IT IS REGISTERED

COMPANY BOARDING FORM

Affiliates and subsidiaries information (continued)

AFFILIATE/SUBSIDIARY FULL NAME

TAX ID

STATE BUSINESS LICENSE NUMBER

STATE FOR WHICH THE LICENSE IS VALID

ENTITY FOR WHICH IT IS REGISTERED

AFFILIATE/SUBSIDIARY FULL NAME

TAX ID

STATE BUSINESS LICENSE NUMBER

STATE FOR WHICH THE LICENSE IS VALID

ENTITY FOR WHICH IT IS REGISTERED

AFFILIATE/SUBSIDIARY FULL NAME

TAX ID

STATE BUSINESS LICENSE NUMBER

STATE FOR WHICH THE LICENSE IS VALID

ENTITY FOR WHICH IT IS REGISTERED

Products / service information

This section is required. The following information is needed to effectively route consumer complaints against these products/services.

<p>25 What are your company's primary product offerings?</p> <p><i>(select all that apply)</i></p>	Bank Accounts Services	Debt Collection	Prepaid Cards
	Consumer Loans	Money Transfers	Private Student Loans
	Credit cards	Mortgages	Other
	Credit reporting	Payday loans	

PLEASE PROVIDE ADDITIONAL INFORMATION IF YOU SELECTED "OTHER"

26 **Does your company use Bank Identification Numbers (BIN) for product identification?** YES NO

Company logo

If you do not check this box, the CFPB will not use your company's logo to assist consumers with company identification.

27 **Please attach a copy of your company's logo/provide an electronic copy of your company's logo.**

(If you would like to provide multiple logos, please provide them in an attachment along with any appropriate explanations.)

By checking this box, you indicate that your company grants the CFPB permission to depict on the Consumer Complaint Intake Form your company's logo and/or mark, for the limited purpose of prompting consumers who file online complaints with the CFPB to accurately identify the company that is the subject of their complaint. The CFPB anticipates that this use of company logos will ensure a correct match between the consumer and the company that is the subject of their complaint and will support a more efficient complaint handling process.

Submit

28

By clicking this box, you are indicating that you believe the information provided to be true to the best of your knowledge and belief.

To submit, save this completed form and email to CFPB_StakeholderSupport@cfpb.gov.

For Internal Use Only

DATE REVISED

REASON FOR REVISION

Additional supplements to On-Boarding form (continued from question 10)

If you needed more rows than listed in question 10, please use the additional space below.

29 **Please list any state business licenses your company has and indicate the state for which the license is valid**

STATE BUSINESS LICENSE NUMBER	STATE FOR WHICH THE LICENSE IS VALID

Paperwork Reduction Act Statement

We estimate it takes about 15 minutes to complete the form with enough information to provide portal access. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless the collection of information displays a valid control number assigned by the Office of Management and Budget (OMB). The OMB control number for this collection is 3170-0054, expires 04/30/2019.

Comments regarding this collection of information, including the estimated response time, suggestions for improving the usefulness of the information, or suggestions for reducing the burden to respond to this collection should be submitted to Consumer Financial Protection Bureau (Attention: PRA Office), 1700 G Street NW, Washington, DC 20552, or by email to PRA@cfpb.gov.