BOARDING FORM

CFPB Company Portal

OMB No. 3170-0054
Expiration Date: 06/30/2022

To enable your company to review and respond to consumer complaints sent to your company by the Consumer Financial Protection Bureau (Bureau), complete this form. The information requested will allow us to provide access to the secure, web-based portal for company-authorized individuals. Once you have completed the form you may submit the form by email to CFPB_StakeholderSupport@cfpb.gov.

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

The information that you provide to the Bureau of Consumer Financial Protection (Bureau) will be used to create a user account so that you may log on to the web-based Company Portal for the Bureau's Office of Consumer Response. Access to the secure, web-based Company Portal will enable you to view and respond to consumer complaints sent to your company by the Bureau. The information you provide on this form may be shared:

- with the individual who submitted the complaint;
- with third parties as necessary to get information relevant to resolving a complaint;
- with a court, a party in litigation, a magistrate, an adjudicative body or administrative tribunal in the course of a proceeding, or the Department of Justice;
- with other federal or state agencies or regulatory authorities for enforcement and statutory purposes;
- with contractors, agents, and others authorized by the Bureau to receive this information; and
- pursuant to the Bureau's published Privacy Act System of Records Notice, CFPB.005- Consumer Response System.

We may also share certain information you submit regarding your company and its business activities (but not personally identifiable information) through the public-facing Consumer 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 the Dodd-Frank Wall Street Reform and Consumer Protection Act, Public Law 111-203, Title X, Sections 1013(b)(3), 1021, 1034, codified at 12 U.S.C. §§ 5493(b)(3), 5511, 5534. Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and not withstanding any other provision of law a person is not required to respond to a collection of information unless it displays a valid OMB control number. The OMB control number for this collection is 3170-0054. It expires on 06/30/2022. The time required to complete this information collection is estimated to average approximately 10 minutes per response. The obligation to respond to this collection of information is voluntary. 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 the Bureau of Consumer Financial Protection (Attention: PRA Office), 1700 G Street NW, Washington, DC 20552, or by email to CFPB_PRA@cfpb.gov.

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 **Please list your company's URL (website address)**

COMPANY'S WEBSITE OR URL

5 **Please list the mailing address of your company's headquarters**

This should NOT be a P.O. Box

STREET

CITY STATE ZIP CODE

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

○ YES ○ NO

(If "Yes," skip to question 8)

Answer questions 7 only if you answered "NO" to question 6

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

Select a state

Company information (continued)

8 **Is your company or a portion of your company owned by another company, often referred to as a parent company?**

○ YES ○ NO

Answer questions 9-13 only if you answered "YES" to question 8

9 **Please enter the full name of your parent company**

PARENT COMPANY'S FULL NAME

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

FULL NAME OF POINT OF CONTACT FOR PARENT

COMPANYPOSITION/TITLE

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

WORK PHONE

– –

EMAIL

12 **Please list the parent company's mailing address**

STREET

CITY

STATE

ZIP CODE

13 **Enter your parent company's tax ID**

PARENT COMPANY'S TAX ID

Contact information

THE AUTHORIZED COMPANY OFFICER OR THEIR DESIGNEE WILL BE THE MAIN POINTS OF CONTACT (POC) FOR THE COMPANY PORTAL AND WILL BE REGISTERED WITH ADMINISTRATIVE ACCESS TO ADD AND MANAGE ACCESS FOR ADDITIONAL COMPANY PERSONNEL AS DESIRED. THE COMPANY PORTAL MANUAL PROVIDES DETAILS ABOUT MANAGING PORTAL ACCESS FOR COMPANY USERS.

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

AUTHORIZED OFFICER/EMPLOYEE

FULL NAMEPOSITION/TITLE

EMAIL

WORK PHONE

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

OFFICIAL DESIGNEE FULL NAME

POSITION/TITLE

EMAIL

WORK PHONE

Affiliates and subsidiaries information

THE FOLLOWING INFORMATION IS NEEDED TO FACILITATE TIMELY ROUTING OF CONSUMER COMPLAINTS ABOUT ANY COMPANY AFFILIATES AND SUBSIDIARIES.

16 **Does your company have any affiliates or subsidiaries?**

(If "YES," please fill out the following section for each affiliate or subsidiary)

○ YES ○ NO

17 **Answer these questions only if you have answered "Yes" to question 16**

(Please only list subsidiaries and affiliates that provide consumer financial products or services, and whose businesses would impact the Bureau's routing of consumer complaints)

AFFILIATE/SUBSIDIARY FULL NAME

TAX ID

STREET

CITY

STATE

ZIP CODEAFFILIATE/

SUBSIDIARY FULL NAME

TAX ID

STREET

CITY

STATE

ZIP CODEAFFILIATE/

SUBSIDIARY FULL NAME

TAX ID

STREET

CITY

STATE

ZIP CODE

Affiliates and subsidiaries information (continued)

AFFILIATE/SUBSIDIARY FULL NAME

TAX ID

STREET

CITY

STATE

ZIP CODE

Products / service information

The following information is needed to help us route consumer complaints about the products and services offered by your company.

18 **What are your company's primary consumer financial product/service offerings?**

(select all that apply)

- ☐ Debt collection
- ☐ Credit card or prepaid card
- ☐ Mortgage
- ☐ Checking or savings account
- ☐ Vehicle loan or lease
- ☐ Student loan
- ☐ Money transfer, virtual currency, or money service (check cashing service, currency exchange, cashier's/traveler's check)
- ☐ Payday loan, title loan, or personal loan (installment loan or personal line of credit)
- ☐ Credit reporting, credit repair services, or other personal consumer reports
- ☐ Other

PLEASE PROVIDE ADDITIONAL INFORMATION IF YOU SELECTED "OTHER"

Submit

19 ☐ **By clicking this box, I am indicating that the information given is true to the best of my knowledge and belief.**

DATE

COMPANY NAME

FULL NAME

POSITION/TITLE

EMAIL

WORK PHONE

– –

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

If the information you provided changes, please email CFPB_StakeholderSupport@cfpb.gov.