# REQUEST FOR #23-02 - Global Custodial Bank and Securities Lending SERVICES

**GENERAL INFORMATION & CONTACT SHEET**

1. Name (legal entity with whom the contract is to be written)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | |  | | |
|  | | | | |
| Mailing address (Primary office) | |  | | |
| Phone number |  | | Fax number |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Mailing address (Alternate office) | |  | | |
| Phone number |  | | Fax number |  |

1. Name of Primary contacts, Title

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name of Primary Contact, Title** | |  | | | | |
| Mailing address | |  | | | | |
| Phone number |  | | Fax number |  | Email |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name of Secondary Contact, Title** | |  | | | | |
| Mailing address | |  | | | | |
| Phone number |  | | Fax number |  | Email |  |

1. Name of principal officers of the firm

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name of Principal Officer #1** | |  | | | | |
| Mailing address | |  | | | | |
| Phone number |  | | Fax number |  | Email |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name of Principal Officer #2** | |  | | | | |
| Mailing address | |  | | | | |
| Phone number |  | | Fax number |  | Email |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name of Principal Officer #3** | |  | | | | |
| Mailing address | |  | | | | |
| Phone number |  | | Fax number |  | Email |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name of Principal Officer #4** | |  | | | | |
| Mailing address | |  | | | | |
| Phone number |  | | Fax number |  | Email |  |

1. Legal status of organization

(e.g., sole proprietorship, partnership, corporation, etc.).

|  |  |
| --- | --- |
| Legal Status |  |

1. Identification/Certification Numbers

|  |  |
| --- | --- |
| Federal Employer Identification Number |  |
| Washington State Department of Revenue Registration Number (UBI Number) if Applicable |  |
| Minority and/or Women Business Enterprise (MWBE) Certification Number, if the Firm/Person is a Washington State Certified MWBE |  |

1. The location of the facility from which the Offeror will operate

|  |  |
| --- | --- |
| Location |  |