

MSB3	BIOGRAPHICAL STATEMENT & CONSENT FORM CHECK CASHER LICENSEE/REGISTRANT	Date of filing
Name of Applicant Company:		

1. Individual's identifying information:

(A) Full last, first and middle names:

Last Name	First Name	Full Middle Name	Suffix (if any)
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(B) Social Security Number: _____

(C) Gender: Male Female

(D) Date of Birth (MM/DD/YYYY) _____

(E) State/Province of Birth: _____

(F) Country of Birth: _____

(G) List all names(s), other than your legal name, you have used or are using, or by which you are or were known since the age of 18. This field should include for example, nicknames, aliases, and names used before or after marriage. (Use additional sheets as necessary).

Name	Name	Name
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(H) **Employer Name (Check Cashier Licensee/Registrant):**

(I) Office of Employment address: (do not use a P.O. Box) _____ If this address is your private residence, check this box.

Number & Street	City	State / Province & Country	Zip+4 / Postal Code
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(J) Current Residence address (if different from employment address):

Number & Street	City	State / Province & Country	Zip+4 / Postal Code
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(K) Telephone Numbers and e-mail address:

(____)____-____ ext _____ Business Phone	(____)____-_____ Cell Phone (optional)	(____)____-_____ Fax Line (optional)	_____ e-mail address
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2. Check Cashier Licensee/Registrant Employment Representation:

To the best of my knowledge and belief, the control person is currently bonded where required, and, at the time of approval, this individual will be familiar with the statutes, regulations, and rules of the State of Georgia with which this application is being filed, and will be fully qualified for the position for which application is being made herein. I have taken appropriate steps to verify the accuracy and completeness of the information contained in and with this application. I have provided the individual an opportunity to review the information contained herein and the individual has approved this information and signed the form.

by _____

Company Name	Signature of authorized party	Print Name and Title of authorized party
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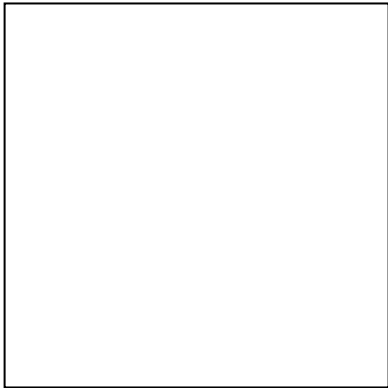
**Employment Representation must always be completed in full with original, manual signature.
Affix notary stamp or seal where applicable.**

3. Check Cashing Business History: Starting with most current, provide information on each check cashing business owned. (Attach additional sheets as necessary.)

From (MM/YYYY Y)	To (MM/YYYY)	Business Name	City	State or Province	Zip or Postal Code	Georgia License or Registration Number

MSB3 - BIOGRAPHICAL STATEMENT & CONSENT FORM (CONTINUED)

Applicant Full Legal Name: _____
Individual's Full Legal Name: _____
Date of Application: _____
E-mail Address: _____



Attach Passport Photo of Individual submitting MSB3.

Those photographs must have been taken within the past 12 months. Generally, passport photographs should meet the following criteria:

- Black and white or color photographs are acceptable.
- Outside dimensions should be about 2 x 2 inches.
- The photo should be taken against a plain light-colored background without shadows.
- A full front view of the subject's head is required. The subject should not be photographed wearing a head covering. The image should be centered in the photo and the face length from chin to crown of head should be between 1 inch and 1 3/8 inches.

Individual's Acknowledgment & Consent:

TO WHOM IT MANY CONCERN:

*I hereby authorize the Georgia Department of Banking and Finance to obtain criminal history data on the undersigned in his/her capacity as a director, officer, principal, owner, policymaker, manager, agent or employee of the above licensee/applicant. Also, pursuant to the provisions of Section 7-1-702 of the Official Code of Georgia Annotated, the Department is authorized to secure information from credit reporting agencies, former employers or others regarding character, ethical reputation and financial responsibility. Such information and any conviction data received by the Department shall be used by the Department for the exclusive purpose of carrying out the responsibilities of this article, shall not be a public record, shall be privileged, and shall not be disclosed to another person or agency except to any person or agency which otherwise has a legal right to inspect the file. In order to facilitate this inquiry, I understand that I must provide the information below. The Department will notify me if further information is required. Should the data show that a violation of Section 7-1-702 of the Official Code of Georgia Annotated exists, I understand that the Department may take the appropriate steps regarding the status of the license, as well as action against any person who does not qualify for employment under the law. **This authorization remains effective as long as I am employed in the check cashing industry.** A copy of this authorization shall be accepted with the same force and validity as the original.*

Notary Seal Here

Date (MM/DD/YYYY)

Signature of Individual

Signed or attested before me: _____
Print Notary Public Name

by _____
Print Individual's Name

on this _____ day of _____,
(Date) (Month)

_____ at _____
(Year) (State) (County)

Notary Public signature

Notary Appointment Expires (MM/DD/YYYY)

**Individual's Acknowledgment & Consent must always be completed in full with original, manual signature and notarization.
Affix notary stamp or seal where applicable.**