

CONFIDENTIAL REPORT FOR FINANCIAL INSTITUTION OFFICIALS
DEPARTMENT OF BANKING AND FINANCE

FINANCIAL INSTITUTION

CITY

Please answer all questions. If space provided is inadequate, attach a separate schedule. All such schedules should be signed and dated. Please check the appropriate space:

<input type="checkbox"/> Newly Elected/Appointed	<input type="checkbox"/> President	<input type="checkbox"/> Executive Officer
<input type="checkbox"/> Previously Elected/Appointed	<input type="checkbox"/> Secretary	<input type="checkbox"/> 10%+ Shareholder
<input type="checkbox"/> Director	<input type="checkbox"/> Manager	
<input type="checkbox"/> Chairperson	<input type="checkbox"/> Other	

The following information is herewith submitted to the Department of Banking and Finance by:

Name	Phone
Email	Birth Date Place of Birth
Residence Address	Business Address
City State Zip	City State Zip
Length of time at current address:	List civic, professional, social or other organizations in which you have membership:
Nicknames and/or other names used in place of given name:	Resume of Education <input type="checkbox"/> High School <input type="checkbox"/> College <input type="checkbox"/> Other _____

Employment Record:

DATE	Name, Location, Type of Business	Position Held & Duties Performed

Have you ever been adjudged as bankrupt or had to work out a compromise with your creditors? Yes **If yes, set forth details in the following schedule.** No

Title & Nature of Proceeding	Date	Name & Address of Court	Disposition

Are you currently involved in any pending civil litigation of any nature in which you are either plaintiff or defendant? Yes
If yes, set forth details in the following schedule. No

Title & Nature of Lawsuit or Proceeding	Date	Name & Address of Court	Amount

Have you ever been convicted of, or pleaded nolo contendere to, any criminal offense involving dishonesty or breach of trust?
 Yes If yes, attach details or disclose below. No

Have you ever been subject to a garnishment or judgement? Yes If yes, provide details in the following schedule.
 No

Date	Amount	Name	Date Dismissed

BUSINESS AFFILIATIONS

List all firms, companies, corporations, or other business organizations of which you are at present a director, officer, employee, partner, or owner.

Name and Location	Type of Business	Position Held

CERTIFICATE

I hereby certify that the foregoing information is true and correct to the best of my knowledge and belief and that said information is submitted voluntarily by me to the Department of Banking and Finance for its confidential use.

Date _____ Signature in Full _____