

TYPE OF APPLICATION

___ INITIAL

___ RENEWAL



NAME OF LICENSE APPLICANT

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INSTRUCTIONS

1. This application form is to be completed by any business entity which wishes to apply for a vendor license to be issued by the Choctaw Gaming Commission.
2. This application form is to be completed for original or first-time application purposes, as well as for renewal application purposes.
3. You must read and sign the enclosed Notice Regarding False Statements and the Privacy Act Notice (CGC-100) as part of completing this application.
4. Answers to the application questions must be completed to its entirety.
5. The application will be considered incomplete unless accompanied by the application fee. The fee must be in the form of a check, or money order. Bank drafts are not acceptable. Should investigative costs exceed the listed fee amount, applicant will be billed for the additional costs. All investigative costs must be paid in full before the application process can be completed.
6. Errors can be corrected by lining through the error with a single line, inserting the correction above it and initialing the change.
7. To ensure a complete application, the applicant must answer all questions. If a question or form does not apply to you, indicate "Does Not Apply" in response to that question. If there is nothing to discuss on a particular question, state "None".

8. If you need additional space to answer any questions, use extra pages. Be sure to indicate the number of the question you are answering, if you use this additional space.

9. Each principal (defined in “Definitions”) of a business entity applying for vendor license must complete and execute Forms CGC-101D, CGC-101F, CGC-101G, CGC-101H, CGC-101I, and CGC-101J.

10. Records and financial disclosures required by the Commission in carrying out its background investigations will be treated as confidential in conformance with Title XV of the Choctaw Tribal Code, the Indian Gaming Regulatory Act (P.L. 100-97), the Tribal/State Compact and the Privacy Act (25 U.S.C. 2701).

11. Any questions regarding the application should be addressed to:

Choctaw Gaming Commission
P.O. Box 6045
Choctaw, MS 39350

The Commission may be reached by telephone from 8:00 a.m. to 4:30 p.m., Monday through Friday at (601) 656-6038.

DEFINITIONS

As used in this application form, the following terms have these meanings:

1. “Applicant” means the business entity (sole proprietorship, limited liability company, corporation, or other professional association) that seeks to be the holder of a Choctaw Gaming Commission license.

2. “Principal” means any individual who is an officer, director, manager, member, owner or partner of the applicant, or a stockholder that either owns 5% or more of the applicant’s stock or is one of the applicant's top ten largest stockholders or is a supervisor or manager of the applicant onsite at Pearl River Resort, whether or not specifically designated in an agreement with the Mississippi Band of Choctaw Indians.

*****Must be completed by each principal of an applicant business entity*****

Notice Regarding False Statements

A false statement of any part of your license application may be grounds for denial of a license or the suspension or revocation of a license. Also, you may be punished by fine or imprisonment (U.S. Code, title 18, section 1001).

Applicant's Signature Date By: Title

Privacy Act Notice

In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on this form is authorized by 25 U.S.C. 2701 *et seq.* The purpose of the requested information is to determine the eligibility of individuals to be granted a gaming license. The information will be used by the Tribal gaming regulatory authorities and by the National Indian Gaming Commission (NIGC) members and staff who have need for the information in the performance of their official duties. The information may be disclosed by the Tribe or the NIGC to appropriate Federal, Tribal, State, local, or foreign law enforcement and regulatory agencies when relevant to civil, criminal or regulatory investigations or prosecutions or when pursuant to a requirement by a tribe or the NIGC in connection with the issuance, denial, or revocation of a gaming license, or investigations of activities while associated with a tribe or a gaming operation. Failure to consent to the disclosures indicated in this notice will result in a tribe's being unable to license you for a primary management official or key employee position. The disclosure of your Social Security Number (SSN) is voluntary. However, failure to supply a SSN may result in errors in processing your application.

Applicant's Signature Date By: Title

**MISSISSIPPI BAND OF CHOCTAW INDIANS
CHOCTAW GAMING COMMISSION
P.O. BOX 6045
CHOCTAW, MS 39350**

APPLICATION FOR GAMING LICENSE AND/OR BACKGROUND INVESTIGATION

1. APPLICANT:

NAME: _____

_____	_____	_____	_____	_____
Street Address	City	State	County	Zip

2. BUSINESS:

NAME: _____

_____	_____	_____
	Business Phone No.	Applicant Personal No.
_____	_____	_____
Street Address	City	State
		County
		Zip

3. TYPE OF LICENSE AND FEE:

		Check Number	Check Paid
a. ___ Management Contract	\$2,000	_____	_____
b. ___ Management Official	\$2,000	_____	_____
c. ___ Key Employee	\$1,000	_____	_____
d. ___ Distributor	\$1,000	_____	_____
e. ___ Manufacturer	\$1,000	_____	_____
f. ___ Vendor Services	\$1,000	_____	_____
g. ___ Amended Applications	\$1,000	_____	_____

4. Does the applicant hold a gaming license in any jurisdiction in the United States or any foreign country?

___ Yes ___ No If yes, attach copies of the license(s)

5. Has the applicant ever had a gaming license or permit denied, suspended, or revoked?

___ Yes ___ No If yes, please explain:

6. List any lawsuits in which the applicant has been a defendant, including the name and address of the court involved, the date suit was filed, and the final disposition, if any.

7. Has the applicant or any principal of the applicant, as that term is defined herein in “Definitions” been arrested, charged, indicted or convicted of a crime, whether felony or misdemeanor, in any state, federal, or tribal court or in any foreign country? Yes No If answer is **No**, please explain:

8. Does the applicant swear that it meets the qualifications for a license as detailed in Title XV of the Mississippi Band of Choctaw Indians (MBCI) Tribal Code, The Indian Gaming Regulatory Act of 1988 and the Tribal State Compact? Yes No If answer is **No**, please explain:

9. Does the applicant swear that as a license holder, it will fully comply with all rules and regulations promulgated by the Choctaw Gaming Commission and National Indian Gaming Commission relative to the conduct of gaming and to keep all records and make all reports and remittance required by the Commission? Yes No If answer yes, please explain:

Applicant's Signature

By: Title

Date

CHOCTAW GAMING COMMISSION
SUMMARY FINANCIAL QUESTIONNAIRE

Check One: Sole Proprietorship Corporation Partnership Limited Liability Company (LLC)

Applicant Name

1. Has the applicant's business assets been assigned, pledged or hypothecated to any person, firm or corporation, or has any agreement been entered into whereby the interests or assets are to be assigned, pledged or sold wither in part or in whole?
2. Has applicant ever filed for bankruptcy? Yes No If yes, furnish details on a separate sheet.
3. Has applicant's Federal Income Tax Return ever been audited or adjusted? Yes No
4. Last Federal Income Tax return was filed _____, 20____ for year _____
Address: _____
5. Does applicant own or control, manage, or hold in trust any assets or liabilities for another person or entity?
 Yes No
6. Does applicant own or control any assets or liabilities outside the United States? Yes No
7. Complete the following statement of assets. Statement of liabilities, and schedules I through J, inclusive. In addition, include balance sheets and profit and loss statements for at least the three (3) preceding fiscal years. Balance sheets and profit statements must be certified by independent public accountants.

*Fill out Schedules A-J before completing Statement of Assets and Statement of Liabilities. You must also include any assets/liabilities/accounts held in trust, by or for the benefit of you, your spouse, and your dependents. *

STATEMENT OF ASSETS

AS OF _____, 20____

List all assets, both tangible and intangible on the appropriate line below. Enter the amount of the date of this statement. Each listed asset must be described fully and all supporting documentation, along with a copy be provided to the investigator assigned to your investigation at the time of your interview.

	Original Cost/Investment	Market Value
Current Assets:		
Cash on Hand	\$ _____	\$ _____
Cash in Banks (Schedule A)	\$ _____	\$ _____
Accounts & Notes Receivable (Schedule B)	\$ _____	\$ _____
 Investments:		
Stocks & Bonds (Schedule C)	\$ _____	\$ _____
Business Investments (Schedule D)	\$ _____	\$ _____
 Fixed Assets:		
Real Estate (Schedule E)	\$ _____	\$ _____
Other Assets (Schedule F)	\$ _____	\$ _____
 TOTAL ASSETS:	 \$ _____	 \$ _____

List all liabilities on the appropriate line below. Enter the amount as of the date of this statement. Each liability must be described fully and all supporting documentation, along with a copy, be provided to the investigator assigned to your investigation at the time of your interview.

STATEMENT OF LIABILITIES

AS OF _____, 20_____

	Original Cost/Investment	Market Value
Current Liabilities:		
Debts Due Within One Year	\$ _____	\$ _____
Accounts Payable (Credit Cards, etc.)	\$ _____	\$ _____
Taxes Payable	\$ _____	\$ _____
 Long Term Liabilities:		
Debts Due in Over One Year	\$ _____	\$ _____
Notes Payable (Schedule G)	\$ _____	\$ _____
Mortgage Payable (Schedule H)	\$ _____	\$ _____
Contingent Liabilities (Schedule I)	\$ _____	\$ _____
Other Liabilities (Schedule J)	\$ _____	\$ _____
 TOTAL LIABILITIES:	 \$ _____	 \$ _____
NET WORTH:	\$ _____	\$ _____
CONTINGENT LIABILITIES (Schedule J)	\$ _____	\$ _____

CHOCTAW GAMING COMMISSION
STATEMENT OF OWNERSHIP

1. NAME OF APPLICANT: _____

2. Please select type of Ownership:

____ Partnership ____ Corporation ____ LLC ____ Sole Proprietorship

3. If partnership, list all partners, home addresses, and extent of their interest in the partnership. Include a copy of partnership agreement. All partners in addition must complete a Personal Record, and two (2) Fingerprint Cards on each partner. A Summary Financial Questionnaire must be completed for the partnership business.

1. _____

Name	Address	Interest
------	---------	----------

2. _____

Name	Address	Interest
------	---------	----------

3. _____

Name	Address	Interest
------	---------	----------

4. _____

Name	Address	Interest
------	---------	----------

5. _____

Name	Address	Interest
------	---------	----------

4. If a corporation, list all officers, directors, and stockholders with 5% or more ownership, and for each person listed, their title(s), home address, and total number of shares owned by each in the corporation. Give total number of shares authorized for the corporation. **Common** _____ **Preferred** _____ Account for all shares below. Attach a copy of Articles of Incorporation and the Corporate Charter. In addition, all officers, directors, and stockholders listed must complete a Personal Record, and two (2) Fingerprint Cards on each. A Summary Financial Questionnaire must be completed for the Corporation.

1. _____

Name	Title	Address	Stock Owned
------	-------	---------	-------------

2. _____

Name	Title	Address	Stock Owned
------	-------	---------	-------------

3. _____

Name	Title	Address	Stock Owned
------	-------	---------	-------------

4. _____

Name	Title	Address	Stock Owned
------	-------	---------	-------------

5. _____

Name	Title	Address	Stock Owned
------	-------	---------	-------------

5. If a limited liability company (LLC), all members, home address, and extent of their interest in the LLC. Include copy of Articles of Organization. All members in addition must complete a Person Record, and two (2) Fingerprint Cards on each member. A Summary Financial Questionnaire must be completed for the LLC.

1.	_____	_____	_____
	Name	Address	Interest
2.	_____	_____	_____
	Name	Address	Interest
3.	_____	_____	_____
	Name	Address	Interest
4.	_____	_____	_____
	Name	Address	Interest
5.	_____	_____	_____
	Name	Address	Interest

6. Regardless of the type of entity, list on-site supervisors or managers responsible for the provision of services, including but not limited to those designated in any agreement with the Mississippi Band of Choctaw Indians. Each person listed below must complete a Personal Record, Summary Financial Questionnaire and two (2) Fingerprint Cards.

1.	_____	_____	_____
	Name	Address	Position
2.	_____	_____	_____
	Name	Address	Posit
3.	_____	_____	_____
	Name	Address	Position
4.	_____	_____	_____
	Name	Address	Position
5.	_____	_____	_____
	Name	Address	Position

PERSONAL RECORD OF PRINCIPAL

To be completed by each principal identified above in response to numbers 3-6.

1. PERSONAL INFORMATION

Last Name		First Name		Middle Name	
Alias (Nickname, Maiden Name, Other Name Change Legal or Otherwise)					
Residence Street Address		City	State	Zip Code	Since (Date)
Business Street Address		City	State	Zip Code	Since (Date)
Occupation		Driver's License No.		State	
Personal Phone No.	Business Phone No.	Date of Birth	Birthplace (City, County, State, Country)		

*******Attach a copy of birth certificate with this application*******

SSN	Age	Gender	Weight	Height	Hair Color	Eye Color
-----	-----	--------	--------	--------	------------	-----------

Scars, Tattoos, or Distinguishing Marks or Characteristics

2. NEXT OF KIN INFORMATION

Name	Relationship	Address	Phone No.
------	--------------	---------	-----------

3. CITIZENSHIP INFORMATION

A) Are you a citizen of the United States? Yes No If Alien, provide Registration No.: _____

If naturalized, provide copy of certificate of naturalization.

List all languages written or spoken:

B) Are you an enrolled member of a federally recognized Indian Tribe? Yes No

If yes, give name of Tribe: _____

4. EDUCATION INFORMATION

1.	Name of School/College	City	State	Degree/Diploma	Dates Attended
2.	Name of School/College	City	State	Degree/Diploma	Dates Attended
3.	Name of School/College	City	State	Degree/Diploma	Dates Attended

5. MILITARY INFORMATION

A) Have you ever served in the armed forces? Yes No If yes, complete below:

Branch of Service	Date of Entry	Date of Separation	Type of Discharge	Rank at Separation
-------------------	---------------	--------------------	-------------------	--------------------

6. ARREST INFORMATION

Arrests, Detentions, and Litigation of Principals (Include all arrest regardless or verdict of court proceedings)

A) Have you ever been arrested, detained, charged, indicted, or convicted of any crime, either felony or misdemeanor? Yes No If yes, complete the following:

Date	Charge	Arresting Agency
Address	Disposition	

B) Has a criminal indictment, information, or complaint ever been returned against you, but for which you were not arrested or in which you were named as an indicted co-party? Yes No If yes, complete the following:

Name	Relationship	Charge	Location	Date
------	--------------	--------	----------	------

C) Have you ever been subpoenaed to testify before a federal, state, or county grand jury, board or commission?

Yes No If yes, please complete the following:

Name	Relationship	Charge	Location	Date
------	--------------	--------	----------	------

D) Have you ever had a civil or criminal record expunged or sealed by court order? Yes No If yes, please complete the following:

Name	Relationship	Charge	Location	Date
------	--------------	--------	----------	------

E) Have you ever received a pardon for any criminal offense? Yes No If yes, please complete the following:

Name	Relationship	Charge	Location	Date
------	--------------	--------	----------	------

F) Has any member of your immediate family or household ever been convicted of a felony?

Yes No If yes, please complete the following:

Name	Relationship	Charge	Location	Date
------	--------------	--------	----------	------

G) Have you, as individual, member of a partnership, or owner, member, director, or officer of a corporation or LLC, ever been a party to a lawsuit as either plaintiff or defendant (other than divorce)?

Yes No If yes, please complete the following:

Plaintiff/Defendant	Court Case Number	Court Name
Court Address	Disposition	

H) Has any corporation or LLC of which you are an officer, director, or a controlling shareholder or member ever been the subject of a criminal indictment or convicted of a crime, misdemeanor or felony?

Yes No If yes, please complete the following:

Date	Charge	Arresting Agency
Address	Disposition	

I) Has any corporation or LLC of which you are an officer, director, or a controlling shareholder or members ever been the subject of a civil lawsuit brought by a national, state, or tribal government?

Yes No If yes, complete the following:

Plaintiff/Defendant	Court Case Number	Court Name
Court Address	Disposition	

7. RESIDENTIAL HISTORY (List all residences for the past ten (10) years)

- | | | | | | |
|----|----|----------------|------|-------|--------|
| MO | YR | Street Address | City | State | County |
|----|----|----------------|------|-------|--------|
- | | | | | | |
|----|----|----------------|------|-------|--------|
| MO | YR | Street Address | City | State | County |
|----|----|----------------|------|-------|--------|
- | | | | | | |
|----|----|----------------|------|-------|--------|
| MO | YR | Street Address | City | State | County |
|----|----|----------------|------|-------|--------|
- | | | | | | |
|----|----|----------------|------|-------|--------|
| MO | YR | Street Address | City | State | County |
|----|----|----------------|------|-------|--------|

5. ____ / ____
MO YR Street Address City State County

6. ____ / ____
MO YR Street Address City State County

7. ____ / ____
MO YR Street Address City State County

8. ____ / ____
MO YR Street Address City State County

9. ____ / ____
MO YR Street Address City State County

10. ____ / ____
MO YR Street Address City State County

8. EMPLOYMENT INFORMATION

Beginning with your current employment, list your work history, all businesses which you have been involved, the percentage of ownership interest and/or all periods of unemployment for the past 5 years. Also, list all corporations, partnerships, or any other business ventures with which you have been associated as an officer, director, stockholder, member, or a related capacity.

- A) May we contact your current supervisor? ____ Yes ____ No
B) May we contact your previous supervisors? ____ Yes ____ No

1. _____
Company Name Address Employed From (Month/Year)

Driver's License No. Title Supervisor % Ownership

Description of Duties Reason for Leaving

2. _____
Company Name Address Employed From (Month/Year)

Driver's License No. Title Supervisor % Ownership

Description of Duties Reason for Leaving

3. _____
Company Name Address Employed From (Month/Year)

Driver's License No.	Title	Supervisor	% Ownership
Description of Duties		Reason for Leaving	

4.

Company Name	Address	Employed From (Month/Year)	
Driver's License No.	Title	Supervisor	% Ownership
Description of Duties		Reason for Leaving	

C) For Principals, have you ever had a financial interest in a gambling venture, including a race track, dog track, race horse, or dog, lottery, casino, bookmaking operation, or pari-mutual business?
 Yes No If yes, please complete the following:

Date	Type	Address
------	------	---------

D) For Principals, have you ever been refused a gaming license or related finding of suitability or been a participant in any group which has been denied a gaming license or related finding of suitability?
 Yes No

For selling alcoholic beverages? Yes No
 If yes, please complete the following:

Date	Type	Address
------	------	---------

9. CHARACTER REFERENCES

List at least three (3) character references who have known you at least five (5) years, including one personal reference who was acquainted during each period of reference listed. Do not include relatives, present employer or employees.

1.

Name	Employer	Phone No.	Years Known
Street Address	City	State	Zip Code

2.

Name	Employer	Phone No.	Years Known
Street Address	City	State	Zip Code

3.

Name	Employer	Phone No.	Years Known
Street Address	City	State	Zip Code

11. SAFE DEPOSIT BOX/DEPOSITORY INFORMATION

A) For principals, do you have a safe deposit box or such depository, access to any depository or do you use any other person's depository? Yes No If yes, complete the following:

Box Number	Type	Location	City	State
------------	------	----------	------	-------

12. OTHER PROFESSIONAL LICENSE

For principals, have you ever filed for or held a privileged or professional license in any state, including but not limited to the following: Yes No If yes, check the appropriate item(s):

- Liquor Boxing Promoter Real Estate Broker/Salesman Race Horse/Race Dog Owner
 Jockey Accountant Trainer/Manager Securities Dealer
 Lawyer Doctor Other

If you answered yes to any item listed above, state if the license was granted, period held, nature or any disciplinary actions taken against you, and the name and address of the regulatory agency to which the application was filed.

Period Held	Nature of Disciplinary	Regulatory Agency
-------------	------------------------	-------------------

Street Address

13. OTHER GAMING LICENSE(S)

For Principals, have you ever filed for or been granted a gaming license or been a participant in any group which has been issued a gaming license by any jurisdiction? Yes No If yes, please complete the following:

Type of License	Regulatory Agency	Regulatory Agency Address	Period Held
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14. RELATIVE(S) INFORMATION

For Principals, do you have relatives associated with or employed in the gaming or liquor industry? Yes No If yes, please complete the following:

Name	Relationship	Association/Employment
------	--------------	------------------------

15. TRIBAL RELATIONSHIP INFORMATION

For Principals, do you currently, or have you previously had, as an individual, member of a partnership, or owner, director, member or officer of a corporation or LLC, any existing or previous relationship with an Indian Tribe, including ownership, financial, or management interests in any gaming or non-gaming activity? Yes No If yes, describe the nature of your relationship:

16. Does any corporation or LLC of which you are an officer, director, or a controlling shareholder or member currently have or has it previously had a relationship with an Indian Tribe, including ownership, financial, or management interests in any gaming or non-gaming activity?

____ Yes ____ No If yes, please describe the relationship:

17. List any previous business relationships and/or ownership in gaming industry including percentage ownership interest in those businesses:

CHOCTAW GAMING COMMISSION
AFFIDAVIT OF FULL DISCLOSURE

STATE OF _____ COUNTY OF _____

Being first duly sworn, deposes and says,

That, except as reflected on an application filed with the Choctaw Gaming Commission, (“Commission”). This applicant is or will be the sole beneficial owner of any direct or indirect interest in or to a licenses gaming operation or any portion thereof for which application has been made to the Gaming Commission, to be licenses or found suitable to own;

That, except such as have been reported in writing to the Commission, the applicant has no agreements of understandings with any other person and no present intent to hold as agent nominee or otherwise any direct or indirect interest whatsoever in or to the licensed gaming operation or any portion thereof for which the applicant seeks licensing or a finding of suitability to the Commission;

That except such as have been reported in writing to the Commission, the applicant has no agreements of understandings with any other person and no present intent to transfer at any time any interest whatsoever in or to the licensed gaming operation or any portion thereof for which the applicant seeks licensing or a finding of suitability by the Commission;

That except such as have been reported in writing to the Commission, the applicant has no agreements of understanding with any other person and no present intent to pay any sums of money or give anything of value as, including but without limitation, a finder’s fee or commission to any person related to the acquisition of any direct or indirect interest whatsoever in or to the licensed gaming operation or any portion thereof for which the applicant seeks licensing or a finding of suitability;

That any funds used or to be used, and any liabilities incurred or to be incurred by the applicant in the acquisition of any direct or indirect interest in or to a licensed gaming operation or any portion thereof for which the applicant seeks licensing by the Commission were not provided to the applicant nor made available to the applicant through efforts to anyone not disclosed to the Commission;

That, except as reported in writing to the Commission, no other person has provided collateral for or guaranteed payment of any loans made to the applicant related to the application for licensing or a finding of suitability by the Commission.

Applicant	Corporate, Partnership, Entity Name	Office
-----------	-------------------------------------	--------

Subscribed and sworn to before me this _____ day of _____, 20_____.

Notary

PHOTOGRAPHS

Attach Two (2) copies of 3 X 5 Photograph

Taken Within the Last 30 Days

Date of Photograph: _____

Applicant's Signature

By: _____
(If corporation/partnership, Title)

Date

NOTARY

STATE OF _____

COUNTY OF _____

This day personally came and appeared before me, the undersigned authority in and for the jurisdiction, the within named _____ who, after being by me first duly sworn, states oath that matters and the things contained and set forth in the above and foregoing application are true and correct as therein stated.

Applicant's Signature

Sworn to and subscribed before me on this _____ day of _____, 20_____.

Notary Public

My Commission Expires: _____

CHOCTAW GAMING COMMISSION
STANDARD BANK CONFIRMATION FORM

Dear Sir:

Your completion of the following report will be sincerely appreciated. If the answer to any item is "none" please so state. Mail it in the enclosed stamped, self-addressed envelope direct to the accountant named below.

Report From
(Bank) _____

Yours Truly,
Choctaw Gaming

Commission

By:
Bea Carson, Chairperson

Return Address:
Choctaw Gaming Commission
confirmation of bank
P. O. Box 6045
Choctaw, MS 39350

Bank should check here if
balance only (item 1) is desired. _____

Bank should check whichever is applicable. This report covers all accounts

- 1. With this office _____ or
2. With this office and all other domestic offices _____

Dear Sir:

1. We hereby report that at the close of business on _____, 20_____, our records showed the following balance to the credit of _____.

Table with 4 columns: Amount, Designation of Account, Is Balance Subject to Withdrawal by Check, Interest Rate. Rows 1 and 2.

2. We further report that the above mentioned depositor was directly liable to us in report of loans, acceptance, etc., at the close of business on that date in the total amount of \$_____.

Table with 7 columns: Amount, Date of Loan/Discount, Due Date, Interest Rate, Paid To, Description of Liability, Collateral, Liens, etc. Row 1.

2.

Amount	Date of Loan/ Discount	Due Date	Interest Rate	Paid To	Description of Liability, Collateral, Liens, etc.
--------	---------------------------	----------	---------------	---------	--

3.

Amount	Date of Loan/ Discount	Due Date	Interest Rate	Paid To	Description of Liability, Collateral, Liens, etc.
--------	---------------------------	----------	---------------	---------	--

3. Said Depositor was contingently liable as endorser of notes discounted and/or guarantor at the close of business on that date in the amount of \$_____, as below:

1.

Amount	Name of Maker	Date of Note	Due Date	Remarks
--------	---------------	--------------	----------	---------

2.

Amount	Name of Maker	Date of Note	Due Date	Remarks
--------	---------------	--------------	----------	---------

3.

Amount	Name of Maker	Date of Note	Due Date	Remarks
--------	---------------	--------------	----------	---------

4.

Amount	Name of Maker	Date of Note	Due Date	Remarks
--------	---------------	--------------	----------	---------

5.

Amount	Name of Maker	Date of Note	Due Date	Remarks
--------	---------------	--------------	----------	---------

Other direct or contingent liabilities, open letters or credit, and relative collateral, wherein you are liable

Date: _____

Yours Truly,
(Bank) _____

By: _____
Authorized Signature

SCHEDULE A – CASH IN BANKS

Using the following table, list all accounts maintained by you, your spouse, and your dependents with any financial institutions, foreign and domestic. This includes, but is not limited to checking, savings, time deposits, money market, certificates of deposit, etc.

1. _____
Name Address Name of Account Holder Account Type/Number Date Opened

Balance as of _____

2. _____
Name Address Name of Account Holder Account Type/Number Date Opened

Balance as of _____

3. _____
Name Address Name of Account Holder Account Type/Number Date Opened

Balance as of _____

4. _____
Name Address Name of Account Holder Account Type/Number Date Opened

Balance as of _____

5. _____
Name Address Name of Account Holder Account Type/Number Date Opened

Balance as of _____

6. _____
Name Address Name of Account Holder Account Type/Number Date Opened

Balance as of _____

7. _____
Name Address Name of Account Holder Account Type/Number Date Opened

Balance as of _____

8. _____
Name Address Name of Account Holder Account Type/Number Date Opened

Balance as of _____

SCHEDULE B – ACCOUNTS / NOTES RECEIVABLE

List all debts, loans, notes or other receivables owed to you, your spouse, and your dependents.

1.				
Name	Address of Debtor Collateral	Date Incurred	Current Amount	
Original Amount	Payment Period	Interest Rate	Maturity Date	Purpose & Collateral
2.				
Name	Address of Debtor Collateral	Date Incurred	Current Amount	
Original Amount	Payment Period	Interest Rate	Maturity Date	Purpose & Collateral
3.				
Name	Address of Debtor Collateral	Date Incurred	Current Amount	
Original Amount	Payment Period	Interest Rate	Maturity Date	Purpose & Collateral
4.				
Name	Address of Debtor Collateral	Date Incurred	Current Amount	
Original Amount	Payment Period	Interest Rate	Maturity Date	Purpose & Collateral
5.				
Name	Address of Debtor Collateral	Date Incurred	Current Amount	
Original Amount	Payment Period	Interest Rate	Maturity Date	Purpose & Collateral
6.				
Name	Address of Debtor Collateral	Date Incurred	Current Amount	
Original Amount	Payment Period	Interest Rate	Maturity Date	Purpose & Collateral

SCHEDULE C – STOCKS AND BONDS

List all stocks, bonds, mutual funds, commodity accounts, options, warrants, securities, etc., held or controlled by you, your spouse, and your dependents in any jurisdiction. Individual holdings of mutual funds need not be listed, as long as, the mutual fund is listed. Indicate publicly traded securities with an asterisk (*).

1.				
	Issuer	Type of Security	No. of Shares	Name of Owner
				Date of Purchase
				/ /
	Purchase Price	Current Market Value		As of (MM/DD/YY)
2.				
	Issuer	Type of Security	No. of Shares	Name of Owner
				Date of Purchase
				/ /
	Purchase Price	Current Market Value		As of (MM/DD/YY)
3.				
	Issuer	Type of Security	No. of Shares	Name of Owner
				Date of Purchase
				/ /
	Purchase Price	Current Market Value		As of (MM/DD/YY)
4.				
	Issuer	Type of Security	No. of Shares	Name of Owner
				Date of Purchase
				/ /
	Purchase Price	Current Market Value		As of (MM/DD/YY)
5.				
	Issuer	Type of Security	No. of Shares	Name of Owner
				Date of Purchase
				/ /
	Purchase Price	Current Market Value		As of (MM/DD/YY)
6.				
	Issuer	Type of Security	No. of Shares	Name of Owner
				Date of Purchase
				/ /
	Purchase Price	Current Market Value		As of (MM/DD/YY)
7.				
	Issuer	Type of Security	No. of Shares	Name of Owner
				Date of Purchase
				/ /
	Purchase Price	Current Market Value		As of (MM/DD/YY)

SCHEDULE D – BUSINESS INVESTMENTS

List below any business investments in which any direct, indirect, vested, or contingent interest is held by you, your spouse, and dependents, along with the names of all individuals or entities who share a direct, indirect, vested or contingent interest therein. This includes, but is not limited to joint ventures, partnerships, sole proprietorships, and corporations.

1.	Name of Entity	Type of Entity	# of Shares/Units	%	Name of Owner
	Purchase Price	Date of Purchase	Current Market Name of Individuals/Entities		As of MM/DD/YY Interest/% Owned
2.	Name of Entity	Type of Entity	# of Shares/Units	%	Name of Owner
	Purchase Price	Date of Purchase	Current Market Name of Individuals/Entities		As of MM/DD/YY Interest/% Owned
3.	Name of Entity	Type of Entity	# of Shares/Units	%	Name of Owner
	Purchase Price	Date of Purchase	Current Market Name of Individuals/Entities		As of MM/DD/YY Interest/% Owned
4.	Name of Entity	Type of Entity	# of Shares/Units	%	Name of Owner
	Purchase Price	Date of Purchase	Current Market Name of Individuals/Entities		As of MM/DD/YY Interest/% Owned
5.	Name of Entity	Type of Entity	# of Shares/Units	%	Name of Owner
	Purchase Price	Date of Purchase	Current Market Name of Individuals/Entities		As of MM/DD/YY Interest/% Owned
6.	Name of Entity	Type of Entity	# of Shares/Units	%	Name of Owner
	Purchase Price	Date of Purchase	Current Market Name of Individuals/Entities		As of MM/DD/YY Interest/% Owned
7.	Name of Entity	Type of Entity	# of Shares/Units	%	Name of Owner
	Purchase Price	Date of Purchase	Current Market Name of Individuals/Entities		As of MM/DD/YY Interest/% Owned

SCHEDULE E – REAL ESTATE

List below any real property in which any direct, indirect, vested, or contingent interest is held by you, your spouse, and dependent, along with the names of all individuals or entities who share a direct, vested, or contingent interest therein.

1.	Address/Location	Description	%	Other Owners
	Purchase Price/Improvements at Cost	Date of Purchase	Market Income	Current Market Value
				As of: ____/____/____ MM DD YY
2.	Address/Location	Description	%	Other Owners
	Purchase Price/Improvements at Cost	Date of Purchase	Market Income	Current Market Value
				As of: ____/____/____ MM DD YY
3.	Address/Location	Description	%	Other Owners
	Purchase Price/Improvements at Cost	Date of Purchase	Market Income	Current Market Value
				As of: ____/____/____ MM DD YY
4.	Address/Location	Description	%	Other Owners
	Purchase Price/Improvements at Cost	Date of Purchase	Market Income	Current Market Value
				As of: ____/____/____ MM DD YY
5.	Address/Location	Description	%	Other Owners
	Purchase Price/Improvements at Cost	Date of Purchase	Market Income	Current Market Value
				As of: ____/____/____ MM DD YY
6.	Address/Location	Description	%	Other Owners
	Purchase Price/Improvements at Cost	Date of Purchase	Market Income	Current Market Value
				As of: ____/____/____ MM DD YY
7.	Address/Location	Description	%	Other Owners
	Purchase Price/Improvements at Cost	Date of Purchase	Market Income	Current Market Value
				As of: ____/____/____ MM DD YY
8.	Address/Location	Description	%	Other Owners
	Purchase Price/Improvements at Cost	Date of Purchase	Market Income	Current Market Value
				As of: ____/____/____ MM DD YY

SCHEDULE F – OTHER ASSETS

List all other assets held by you, your spouse, and dependents. Use an asterisk (*) in the first column to indicate those held by your spouse or dependents. Other assets includes, but is not limited to automobiles, personal property, cash value life insurance policies, pension plans, IRA, 401(k), etc.

1. _____	_____	_____	As of _____/_____/_____	_____
Type of Asset	Date of Purchase	Purchase Price	MM DD YY	Description
2. _____	_____	_____	As of _____/_____/_____	_____
Type of Asset	Date of Purchase	Purchase Price	MM DD YY	Description
3. _____	_____	_____	As of _____/_____/_____	_____
Type of Asset	Date of Purchase	Purchase Price	MM DD YY	Description
4. _____	_____	_____	As of _____/_____/_____	_____
Type of Asset	Date of Purchase	Purchase Price	MM DD YY	Description
5. _____	_____	_____	As of _____/_____/_____	_____
Type of Asset	Date of Purchase	Purchase Price	MM DD YY	Description
6. _____	_____	_____	As of _____/_____/_____	_____
Type of Asset	Date of Purchase	Purchase Price	MM DD YY	Description
7. _____	_____	_____	As of _____/_____/_____	_____
Type of Asset	Date of Purchase	Purchase Price	MM DD YY	Description
8. _____	_____	_____	As of _____/_____/_____	_____
Type of Asset	Date of Purchase	Purchase Price	MM DD YY	Description
9. _____	_____	_____	As of _____/_____/_____	_____
Type of Asset	Date of Purchase	Purchase Price	MM DD YY	Description
10. _____	_____	_____	As of _____/_____/_____	_____
Type of Asset	Date of Purchase	Purchase Price	MM DD YY	Description

SCHEDULE G – NOTES / ACCOUNTS PAYABLE

List all notes or accounts payable for which you, your spouse, and dependents are obliged. Use an asterisk (*) in the first column to indicate those held by your spouse or dependents.

1.					
Name	Address			Date Incurred	Current Amount
Original Amount	Payment/Period	Int. Rate	Maturity Date	Purpose & Collateral	
2.					
Name	Address			Date Incurred	Current Amount
Original Amount	Payment/Period	Int. Rate	Maturity Date	Purpose & Collateral	
3.					
Name	Address			Date Incurred	Current Amount
Original Amount	Payment/Period	Int. Rate	Maturity Date	Purpose & Collateral	
4.					
Name	Address			Date Incurred	Current Amount
Original Amount	Payment/Period	Int. Rate	Maturity Date	Purpose & Collateral	
5.					
Name	Address			Date Incurred	Current Amount
Original Amount	Payment/Period	Int. Rate	Maturity Date	Purpose & Collateral	
6.					
Name	Address			Date Incurred	Current Amount
Original Amount	Payment/Period	Int. Rate	Maturity Date	Purpose & Collateral	
7.					
Name	Address			Date Incurred	Current Amount
Original Amount	Payment/Period	Int. Rate	Maturity Date	Purpose & Collateral	

SCHEDULE H – MORTGAGES PAYABLE

List all mortgages or liens payable on real estate for which you, your spouse, and dependents are obligated. Use an asterisk (*) in the first column to indicate those held by your spouse or dependents.

1. _____				
Name	Address		Date Incurred	Current Balance
Original Amount	Payment/Period	Int. Rate	Maturity Date	Description of Collateral
2. _____				
Name	Address		Date Incurred	Current Balance
Original Amount	Payment/Period	Int. Rate	Maturity Date	Description of Collateral
3. _____				
Name	Address		Date Incurred	Current Balance
Original Amount	Payment/Period	Int. Rate	Maturity Date	Description of Collateral
4. _____				
Name	Address		Date Incurred	Current Balance
Original Amount	Payment/Period	Int. Rate	Maturity Date	Description of Collateral
5. _____				
Name	Address		Date Incurred	Current Balance
Original Amount	Payment/Period	Int. Rate	Maturity Date	Description of Collateral
6. _____				
Name	Address		Date Incurred	Current Balance
Original Amount	Payment/Period	Int. Rate	Maturity Date	Description of Collateral
7. _____				
Name	Address		Date Incurred	Current Balance
Original Amount	Payment/Period	Int. Rate	Maturity Date	Description of Collateral
8. _____				
Name	Address		Date Incurred	Current Balance
Original Amount	Payment/Period	Int. Rate	Maturity Date	Description of Collateral

SCHEDULE I – CONTINGENT LIABILITIES

List all contingent liabilities for which you, your spouse, and dependents are obliged. Use an asterisk (*) in the first column to indicate those held by your spouse or dependents. Include any other person liable for each debt, besides you, and your spouse, in the description section.

1.				
	Name	Address	Date Incurred	Current Balance
	Original Amount	Payment/Period	Int. Rate	Maturity Date
				Description
2.				
	Name	Address	Date Incurred	Current Balance
	Original Amount	Payment/Period	Int. Rate	Maturity Date
				Description
3.				
	Name	Address	Date Incurred	Current Balance
	Original Amount	Payment/Period	Int. Rate	Maturity Date
				Description
4.				
	Name	Address	Date Incurred	Current Balance
	Original Amount	Payment/Period	Int. Rate	Maturity Date
				Description
5.				
	Name	Address	Date Incurred	Current Balance
	Original Amount	Payment/Period	Int. Rate	Maturity Date
				Description
6.				
	Name	Address	Date Incurred	Current Balance
	Original Amount	Payment/Period	Int. Rate	Maturity Date
				Description
7.				
	Name	Address	Date Incurred	Current Balance
	Original Amount	Payment/Period	Int. Rate	Maturity Date
				Description

SCHEDULE J – OTHER LIABILITIES

List all other indebtedness for which you, your spouse, and dependents are obligated. Use an asterisk (*) in the first column to indicate those held by your spouse or dependents.

1.				
	Name	Address	Date Incurred	Current Balance
	Original Amount	Payment/Period	Int. Rate	Maturity Date
				Description of Collateral
2.				
	Name	Address	Date Incurred	Current Balance
	Original Amount	Payment/Period	Int. Rate	Maturity Date
				Description of Collateral
3.				
	Name	Address	Date Incurred	Current Balance
	Original Amount	Payment/Period	Int. Rate	Maturity Date
				Description of Collateral
4.				
	Name	Address	Date Incurred	Current Balance
	Original Amount	Payment/Period	Int. Rate	Maturity Date
				Description of Collateral
5.				
	Name	Address	Date Incurred	Current Balance
	Original Amount	Payment/Period	Int. Rate	Maturity Date
				Description of Collateral
6.				
	Name	Address	Date Incurred	Current Balance
	Original Amount	Payment/Period	Int. Rate	Maturity Date
				Description of Collateral
7.				
	Name	Address	Date Incurred	Current Balance
	Original Amount	Payment/Period	Int. Rate	Maturity Date
				Description of Collateral