

Dependents:

Name (first, middle initial, last)

Relationship

Age

7. Father's name:
Address:

Mother's name:
Address:

Occupation:
Date of birth:
Place of birth:
If deceased, date and place of death:

Occupation:
Date of birth:
Place of birth:
If deceased, date and place of death:

8. Service in Armed Forces

(a) Have you ever served in the armed forces of the United States?

Yes () No ()

If "yes", branch of armed forces_____

(b) Date of entry to active service_____

(c) Date released from active service_____

(d) Service serial number_____

(e) Have you ever received a discharge from the U. S. armed forces which was other than honorable?

Yes () No ()

If "yes", please provide a full explanation, including the type of discharge, and when and where issued.

9. Name and Address Dates of Major Area Degree Granted

Education of School Attendance of Study and Date Awarded

High School

College, University
(Undergraduate)

College, University
(Graduate)

Professional or
Technical School

10. Are you licensed or certified to practice any profession(s)? Yes No
() ()

If "yes", give details:

(a) Nature of license or certificate: _____

(b) Date issued: _____

(c) Number of license or certificate (if any): _____

(d) Licensing agency and address:

(e) Extent of activity thereunder:

(f) Have you ever had a license or certificate revoked or suspended? Yes No
() ()

If "yes", provide details on a separate sheet.

11. Employment record for the fifteen year period preceding date of present application. Use additional sheets if necessary. Account for all gaps in employment.

<u>Name & Address</u> <u>of Employer</u>	<u>Dates of</u> <u>Employment</u>	<u>Position</u> <u>Held & Duties</u>	<u>Immediate</u> <u>Superior</u>	<u>Reason for</u> <u>Leaving</u>	<u>Principal</u> <u>Business</u>
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Yes No

12. Are you self-employed? () ()

If "yes", describe each enterprise, including the name, address, state of incorporation, your percentage of ownership, and the type of business of each corporate or other entity which you own or control. (Control means ownership of 10% or more of the stock or the ability to effectively control the management of the corporation or other entity.)

List names, addresses, and percentages of control and/or ownership of other incorporators, partners, directors, or officers of the entity or corporation referred to above.

13. Are you employed in any professional capacity, or do you perform any services for or have any business connections with any institution which is subject to the supervision of the Department of Financial Services, or any agency or authority of the State of New York?

Yes No
() ()

If "yes", indicate name of the institution, address, and nature of your work.

14. Have you had, or do you now have, any financial interest, direct or indirect, in any institution under the supervision of any authority or agency in New York State, or any other state?

Yes No
() ()

If "yes", give name of institution, address, and nature and extent of interest and the jurisdiction in which the organization is chartered.

15. References: (a) List the names and complete street addresses (including zip codes) of three personal references who can attest to your character, fitness, and reputation. (State how long you have known each person; do not include relatives or current business associates.)

(b) List the names and complete street addresses (including zip codes) of three professional references who can attest to your character, fitness, reputation, professional competence, and business skills. (Do not include individuals involved in the present application.)

16. Have you any outstanding debts in excess of \$10,000? (Use additional sheets if necessary.)

Yes () No ()

If "yes", list these debts.

<u>Name and Address</u> <u>of Creditor</u>	<u>Account</u> <u>Number</u>	<u>Date</u> <u>Originated</u>	<u>Original Credit</u> <u>Limit Amount</u>	<u>Balance</u> <u>Outstanding</u>
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17. Except for minor traffic violations:

- | | | |
|---|------------|-----------|
| (a) Are any arrests, indictments, criminal information, or other criminal proceedings now pending against you as an individual, partner, director, or officer of a corporation/partnership? | Yes
() | No
() |
| (b) Were you ever convicted of a crime in any of the aforementioned capacities? | () | () |
| (c) Have you ever been sued or has any judgment been obtained against you in any of the aforementioned capacities in any civil action in any jurisdiction? | () | () |
| (d) Are or have you or any partnership of which you are or were a member or any corporation of which you are or were an officer, director, or 10% or more stockholder ever been adjudged a bankrupt or ever been involved in a civil or criminal action, either as defendant or plaintiff or as the subject of any pending or threatened litigation or claim? | () | () |
| (e) Have you, in any of the aforementioned capacities, ever initiated or been named in any administrative or disciplinary proceedings? | () | () |
| (f) Has your salary ever been garnished? | () | () |

If your answer to any of the above questions is "yes", on a separate sheet of paper list the dates, name, and location of the court of jurisdiction or administrative agency and a brief description of each action or charge and its disposition. Report all legal actions, regardless of disposition.

18. Are or have you or any enterprise in which you were a partner, director, officer, or 10% or more stockholder been the subject of federal or state administrative proceedings, criminal indictment, criminal information, or other criminal proceeding? () ()

If "yes", please explain.

19. Have you and any enterprise in which you are a partner filed required federal, state, and local tax returns for the previous three calendar years? () ()

If "no", please explain the circumstances, and include the date on which any applications for extension have been filed.

The undersigned affirms that the statements made and answers given herein are accurate and complete, and hereby authorizes the New York State Department of Financial Services to make any inquiry it deems appropriate in connection with processing this questionnaire. False written statements in this questionnaire are punishable under Section 210.45 of the New York Penal Law (making a punishable false written statement) and also will be sufficient cause for denial of a license or charter by the New York State Department of Financial Services.

Date: _____

Signature: _____