



Application Instructions for License under Arizona Revised Statutes § 6–851 et seq. Rules R20-4-801 through R20-4-816

Before completing the application through the new [E-Licensing portal](#), please read the following carefully. You cannot conduct business governed by Arizona Revised Statutes until you are licensed by this department.

Application: To apply for licensing, complete all enclosed forms and questions from the [portal](#). Do not leave any questions unanswered. If a question does not apply to you or if the answer to the question is ‘none’, state on the application. **We do not accept applications that are incomplete.**

To Submit an Application to the Arizona Department of Financial Institutions you *must* have recorded filings from the appropriate agencies and a copy of the recorded document(s) attached to your application.

Application Name: The application name must be identical on all forms (e.g., articles, application, trade name certificate, bond, etc.). Identical means spaces, periods, commas, etc. (e.g., “Company Name, L.L.C.” would not be “Co. Name LLC”).

Failure to submit the required documents will delay the processing of your application.

Only corporations are eligible to apply for a Trust Company Certificate. For corporate or DBA / trade name filings contact:

<p>Arizona State Corporation Commission 1300 W. Washington Street, Phoenix, AZ 85007 Telephone (602) 542-3026 or www.azcc.gov</p>	<p>Arizona Secretary of State 1700 W. Washington Street, Fl 7, Phoenix, AZ 85007 Telephone (602) 542-4285 or www.azsos.gov</p>
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Corporation: You *must* submit a copy of your executed articles of incorporation and any amendments thereto with your application through the new [E-Licensing portal](#).

Foreign Corporation: If your corporation has been incorporated in a state other than Arizona, the corporation must be authorized to conduct business in this state. You *must* submit a copy of the approved application for authority and a copy of your Articles of Incorporation from the state for which you are incorporated.

If you wish to use a DBA/Trade Name, contact the Arizona Secretary of State. To do business under a “DBA” or a “trade name”, you must register your DBA or trade name. You *must* submit an approved copy of your certificate of trade name registration with your application through the [portal](#).

OTHER LICENSING REQUIREMENTS

- Fidelity Bond:** Must obtain a fidelity bond, naming the trust company as obligee. The trust company shall provide a signed copy of its bond to the superintendent to remain a part of the Department's licensing records. See A.R.S. 6-868 for coverage amount required.
- Errors and Omissions:** Must procure Errors and Omissions insurance of at least five hundred thousand dollars (\$500,000). See A.R.S. 6-859(F).
- Insurance:** Suitable insurance is required to protect the trust company against burglary, robbery, theft and other insurable hazards.
- Business Plan:** A business plan must include a three year pro forma financial statement, detail the trust activities that the company intends to engage in, and demonstrate management's ability to generate the described trust business in the company's proposed marketplace.
- Financials:** A trust company must have not less than five hundred thousand dollars of liquid capital. "Liquid capital" means legal tender, capital in the form of certificates of deposit issued by banks, savings banks or savings and loan associations doing business in this state and insured by the federal deposit insurance corporation or any successor institution, including deposits to a single depository where excess deposit insurance is provided through a reciprocal deposit arrangement by participating banks, or direct obligations of the United States government with maturity of not more than five years. "Legal Tender" is a medium of exchange, including specie that is authorized by the U.S. Constitution or Congress for payments of debts, public charges, taxes and dues. "Specie" is coins having precious metal content.
- If trust company will be using "specie" as part of or as the entirety of the "Liquid Capital" requirement, indicate how the trust company will continuously (daily from time of licensing) comply with the statute and by what means the trust company will enable AZDFI to verify compliance on a continual basis.
- Annual Audits:** Must be performed by a certified public accountant. The audit requirement may be satisfied by filing a copy of the audit report of the parent of the trust company. Additional information on trust company audit requirements can be found in A.R.S. Section 6-859.



A license granted by this Department entitles you to engage in that particular business for which the license is issued.

Be advised, however, that adherence to and compliance with all applicable Statutes and Rules is your responsibility.

Statutes and Rules may be found on the Department's website at dfi.az.gov.

All fees charged are authorized pursuant to A.R.S. Section 6-126.

License Type	Statutes and Rules	Maximum License Issuance Time in Days
Trust Companies	A.R.S. Section 6-851 through 6-867 Rules R20-4-801 through R20-4-816	150



Check List

- \$1,000 application fee paid through the [portal](#)
- Application (signed and notarized)
- Surrender Agreement (signed and notarized)
- W-9 Form/Request for Taxpayer Identification
- Articles of Incorporation (approved copy) Amendments (approved copy)
- Designate the portion of your Articles of Incorporation that gives you the powers and authorizes you to engage in the trust business.
- Bylaws Business Plan
- Contingency Plan
- Current Balance Sheet
- Fidelity Bond
- Errors and Omissions Insurance
- Insurance
 - **The following items, if applicable**
 - Foreign Authority (approved copy)
 - Certificate of Good Standing (from state incorporated)
 - Trade Name Certificate (approved copy)
 - Audited Financials
 - Audited Financials / Parent Company
 - Branch Application Fee \$500 (per branch)
 - **For the board of directors and senior management (top officers, minimum of 5)**
 - Personal History Statements (signed and notarized in both locations)
 - Copy of Driver's License
 - Explanation letter for derogatory credit and/or criminal history issues
 - Personal Financial Statement
 - **Did you remember to:**
 - Answer all questions on the [portal](#) or complete with "None" or "N/A"
 - Sign and notarize all documents required
 - Make copies of the completed application packet for your records
 - Make payments through the [portal](#)



Application

Do not leave blanks. If not applicable, use "None" or "N/A"
Make additional copies of any page or attach a separate sheet if additional space is needed

Tax ID #:

To The Superintendent of Financial Institutions:

1. _____
(**Applicant Corporation Name** and, if different, name under which business is to be operated) hereby applies for a license to engage in and carry on the business of a Trust Company pursuant to the provisions of Arizona Revised Statutes Title 6, Chapter 8.
 - a. **DBA/Trade Name:** (if applicable) _____
 - b. _____
Address of Principal Place of Business City _____ State _____ Zip _____
 - c. _____
Telephone Number _____ Fax Number _____ Toll-Free Number _____
 - d. _____
Business: Website Address _____ E-mail Address _____
2. _____
Mailing Address (if different from 1.b. above) City _____ State _____ Zip _____
 - a. _____
Telephone Number _____ Fax Number _____ Toll-Free Number _____
3. _____
Corporate Office Address (if different from 1.b. above) City _____ State _____ Zip _____
 - a. _____
Telephone Number _____ Fax Number _____ Toll-Free Number _____
4. _____
Parent Company Name
 - a. _____
Parent Company Address City _____ State _____ Zip _____
 - b. _____
Telephone Number _____ Fax Number _____ Toll-Free Number _____
5. **State** Incorporated _____ Date Incorporated ____
 - a. Date of foreign authorization to conduct business in Arizona _____
6. **Ownership** Interests. Need controlling owner/s (more than 15%) of Trust Company. Voting Shares-Total 100%

Name	% Ownership	Driver License Number	State Issued



7. List the directors and senior officers of your corporation:

Name	Title

8. State the names of the persons who will manage the trust business. Furnish sufficient information on each person to show that person's ability to operate the trust business in a sound and lawful manner:

a. **Name** _____
Ability/Experience:

b. **Name** _____
Ability/Experience:

c. **Name** _____
Ability/Experience:

d. **Name** _____
Ability/Experience:

e. **Name** _____
Ability/Experience:

9. State whether applicant or any of the above named persons has within the last 15 years:

- a. been convicted of any criminal offense other than traffic violation? Yes No
- b. had a final judgment entered against him/her in a civil action on account of fraud, misrepresentation, or deceit? Yes No
- c. filed bankruptcy? Yes No
- d. had an order entered against him/her by an administrative agency of this state, the federal government, or any other state or territory of the United States involving fraud, misrepresentation, or deceit? Yes No

If you answered yes to any of the aforementioned (9 a, b, c, or d), furnish complete details on a separate sheet.



License Surrender Agreement

Licenses may be issued before the completion of the investigation process of your application. This is due to the delay in obtaining certain verification of information provided to the Department in your application package. Please read, sign and notarize this form and return with the application package.

I have read and completely understand the conditions relating to issuance of this license and agree to surrender upon demand the license issued by the Department of Financial Institutions of Arizona, if any negative or derogatory information of any type is discovered during the investigation of the license application. If asked to surrender the license, I will do so immediately and cease conducting the business activity relating to the license.

Accepted

(Name of Company)

By: _____ (print) _____
(Signature of Principal Officer) *(Name of Principal Signer)*

Date: _____ (print) _____
(Signature of Principal Officer) *(Title of Principal Signer)*

Notarization of Signature

State of _____)
County of _____) ss.

Subscribed and Sworn to before me this _____ day of _____
year of _____ at _____
(City and State)

Notary Public

My commission expires: _____



Personal History Statement

The entries made in this form are subject to verification. Insure that they are complete and accurate since providing false information or omitting significant information in this form is a criminal offense. The information entered herein is for official use only and will be maintained in confidence.

Legibly print or type all information. Do not leave any blank spaces. There must be an answer provided for each inquiry. Therefore, if not applicable, use "None" or "N/A".

Do not add attachments in lieu of completing our forms. If additional space is needed after completing the space provided for an inquiry on our form then make additional copies of that page or attach a separate sheet if additional space is still necessary.

A. GENERAL

1. _____ Mr. Ms. Mrs. _____
 Position (Title/Owner/RI/AM etc.) Circle One Last Name First Name Middle Name

2. _____
 Address City State Zip Res. Phone

3. _____
 Social Security Number Date of Birth Place of Birth

4. _____
 Alias(es) Nicknames, or changes in name: Maiden Name (if any)

5. _____
 Height Weight Color of Eyes Color of Hair

6. Scars, Physical Defects, Distinguishing marks _____

7. Driver License No. & State of Issue _____ (Attach a legible copy of your license)

8. Do you have a history of mental or nervous disorder? Yes No

9. Are you now or have you ever used or been addicted to the use of habit forming drugs such as narcotics or barbiturates? Yes No

10. Have you ever used any narcotic drug, dangerous drug, hallucinatory drug or any other substance deemed to be unlawful to possess or use? Yes No

11. Are you now or have you ever been a chronic user to excess of alcoholic beverages? Yes No

12. Has an order, injunction or judgment, whether or not final, been entered against you in a civil action on account of fraud, misrepresentation or deceit? Yes No

13. Have you filed bankruptcy within the last 15 years? If yes, attach a complete copy of the bankruptcy discharge. Yes No

If the answer to any of the above is "Yes", furnish complete details in "Remarks" Section "I" page 3.

14. Are you presently a member of a Military Reserve or National Guard Organization? Yes No
 If "Yes", complete the following. Grade: _____ Unit and Location: _____

B. CRIMINAL RECORD

Have you ever been:

1. detained, held, arrested, indicted, or summoned into court as a defendant in a criminal proceeding? Yes No

2. convicted, fined or imprisoned or placed on probation? Yes No

3. ordered to deposit bail or collateral for the violation of any law, ordinance, police regulation or military regulation? Yes No

4. detained, held or arrested for a traffic violation? Yes No

If the answer is "Yes" to any of the above questions, complete the following:

Date	Offense	Location of Offense	Disposition

(Additional space available in "Remarks" Section "I" page 3)



Personal History Statement Section 6 Page 2 of 4

C. EMPLOYMENT: (Show every employment you have had and all periods of employment for the past ten (10) years in chronological order with the most recent first. You must include complete addresses.)

Date From / To	Name and Complete Address of Employer (include street, city, and zip) Resumes or Personal References – Are Not Accepted As Employment Verification	Position/ Title	Supervisor	Reason for Leaving

- 1. Did any of the above employments require a security clearance? Yes No
 - 2. Have you ever been refused Bond? Yes No
- If the answer is "Yes", to either of the above explain in "Remarks" Section "I" page 3.

D. MEMBERSHIP: (in past and/or present organizations, show all memberships you have had for the past ten (10) years)

Name of Organization	Type	Date From / To

E. EDUCATION: (Account for all schools attended other than primary grades K-8)

Dates From / To	Name and Location of School	Degree



Personal History Statement Section 6 Page 3 of 4

F. FAMILY: (Identify all family members, including children and siblings)

Relationship	Name	Current Address
Father		
Mother		
Spouse (First and Maiden Name)		
Children/Brothers/Sisters:		

G. RESIDENCES: (Show all residences for the past ten (10) years in chronological order with the most recent first)

Date From / To	Street and Number and City	State and Zip

H. ATTACHMENTS:

- Have you attached a legible copy of your drivers' license? Yes No
 - A letter of explanation and resolution of any past or current derogatory credit or criminal issues? N/A Yes No
- If No, why not? _____

I. REMARKS: (Furnish complete details and attach additional sheets if necessary)



Read, sign and notarize both top and bottom portion of this document

Affidavit

STATE OF _____)
) ss.
COUNTY OF _____)

I certify that the above entries made by me are true, complete, and correct to the best of my knowledge and belief.

Date Signature

Notarization of Signature

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

My commission expires Notary Public

Affidavit (part 2)

STATE OF _____)
) ss.
COUNTY OF _____)

I (print your name) _____ in connection with
(print company name) _____ and pursuant to the provisions of
the Arizona Revised Statutes, hereby authorize the Superintendent of Financial Institutions, the Attorney General of
Arizona and their agents, to examine or receive a copy of any record maintained by the United States Armed Forces, or
any Governmental Body, or any University, College or Board of Education of any state, or any bank or credit agency,
relating to me, in the same manner and to the same extent as if I personally applied for the same, and I hereby authorize
such records be disclosed or furnished in accordance with any request made by or on behalf of the Superintendent of
Financial Institutions, the Attorney General of Arizona or their agents.

Date Signature

Notarization of Signature

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

My commission expires Notary Public



Personal Financial Statement

Section 7 Page 1 of 3

- Do not use for business statement.
- Legibly print or type all information.
- There must be an answer provided for each question. Therefore, if not applicable use "None" or "N/A".
- Schedules, details and descriptions must be completed in space provided and by attachments if necessary.
- Total Assets must equal Total Liabilities and Net Worth.
- Describe any unusual assets or liabilities.

Name _____ Financial Condition As of Date _____
 Address, City, State, Zip _____
 Occupation _____
 Customer at what financial institution _____ (office)

Assets	Amount	Liabilities	Amount
Cash in Bank		Notes Payable to Bank	
Cash in other Banks (detail)		Notes payable to Other Banks (detail below)	
Ordinary Accounts receivable - Good		Ordinary Accounts Payable	
Due from Friends and Relatives (describe)		Due to Friends & Relatives (describe below)	
Notes Receivable - Good (Sched 1)		Notes Payable to Others (describe below)	
Mortgages Owned (Sched 1)			
Readily Marketable Securities (Sched 4)		Automobile Loans or Leases	
Other Securities (Sched 4)		Due to Brokers	
Cash Surrender Value of Life Insurance (Sched 5)		Loans on Life Insurance (Sched 5)	
Real Estate & Buildings (Sched 2)		Mortgages or Liens on Real Estate (Sched 3)	
Automobiles		Installment Loans	
Personal Property		Income Taxes Payable	
Other Assets (describe below)		Other Taxes Payable	
		Other Liabilities (describe below)	
		Credit Cards	
Total Assets		Total Liabilities	
		Net Worth (Assets Minus Liabilities)	

Approximate Annual Income and Expense (exclusive of ordinary living expenses)

Income	Amount	Fixed Expenses	Amount
Salary From		Insurance Premiums	
Income from Securities		Rent or Mortgage Payments	
Real Estate Rental		Income Taxes (for year _____)	
Net Income form Business or Profession		Other Taxes	
Other (Alimony, child support or separate maint.)		Other (Include alimony, child support or separate maintenance payments if you are obligated to make them.)	
Total Income		Total	

- Are the above evaluations on receivables conservative? Yes No (If no, explain by separate letter)
- Are any assets pledged or debts secured except as indicated? Yes No (If yes, itemize by debt and security)
- Do you have any contingent liabilities for guarantees, endorsements or otherwise? Yes No (If yes, explain)
- Do you do business with any other bank? Yes No (If yes, nature of business)



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5. If you are married are any of the above assets your spouse's separate property? Yes No (If yes, itemize)
6. Are there any suits, judgments, tax deficiencies or other claims pending or in prospect against you? Yes No (If yes, explain by separate letter)
7. Have you ever gone through bankruptcy or compromised a debt? Yes No (If yes, explain by separate letter)
8. Have you made a will? Yes No Who is named executor of estate? _____

Complete the following schedules

Schedule 1 - Notes and Mortgages Owned			
Describe here or on separate sheet any important or unusual receivables.			
Name Of Debtor	Amount Due	How Payable	Remarks (Include description & value of any security)

Schedule 2 - Real Estate and Buildings							
Provide details of encumbrances on Schedule 3 opposite proper parcel number.							
Parcel	Location & Description (Include improvements)	Monthly Income	Title In Name Of	Value On Land	Improvements	Encumbrances Amount	Fire Ins. Amount
No. #1							
No. #2							
No. #3							
No. #4							
No. #5							

What is the basis for the above valuations? (State whether cost, fair market value today, or other basis)

Are there any properties held on joint tenancy? Yes No Parcel numbers: _____

Schedule 3 - Real Estate Encumbrances							
Parcel	Amt. Owing Per Sched 2	Nature of Encumbrance and to Whom Payable	Interest Rate	Due Date	Payment Amount	*Are Interest & Principal Current.	
No. #1						<input type="checkbox"/> Yes	<input type="checkbox"/> No
No. #2						<input type="checkbox"/> Yes	<input type="checkbox"/> No
No. #3						<input type="checkbox"/> Yes	<input type="checkbox"/> No
No. #4						<input type="checkbox"/> Yes	<input type="checkbox"/> No
No. #5						<input type="checkbox"/> Yes	<input type="checkbox"/> No

* If any payments of principal or interest are delinquent, provide details.

Are any taxes delinquent? Yes No (If yes, give amount and details)

Are there any unrecorded deeds, liens, or other claims not shown above?



Schedule 4 - Securities Owned
Attach separate schedule sheet if needed.

Stock - Shares, Bond Amounts	Description	Value Carried On This Statement	Current Market On Listed Amount		Estimated Value on Unlisted		Annual Dividend
			@	Amount	@	Amount	

In whose name are the above securities held? _____
 If in names of yourself and co-owner, are they joint tenancy? _____

Schedule 5 - Insurance

Public liability on autos \$ _____ Property damage on autos \$ _____

Life Insurance

Beneficiary	Amount Of Policy	Cash Value	Amount Of Liens	Net Cash Value
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$

I certify that the above information provided by me is true, complete and correct to the best of my knowledge and belief.

_____ **Date**

_____ **Signature**



Corporate Financial Statement

CONTINGENT LIABILITIES (not already included)

On Acceptance, Contracts or Notes Discounted or Sold _____

As Guarantor or Endorser for _____

For Merchandise Consigned by Suppliers _____

Otherwise (describe) _____

Are any book accounts sold or assigned Yes No

To whom? _____

With Recourse? Yes No

COMMITMENTS:

Approximate Purchase Commitments _____

Approximate Unfilled Orders on Hand _____

Describe any other unusual commitments _____

Has a full provision been made on this statement for all doubtful receivables from customers and are the foregoing valuations on them conservative? Yes No

Are any assets pledged or any debts secured except as indicated? If so, please itemize by debt and security below. Yes No

Are there any judgments, suits, or any claims for tax deficiencies now pending or in project against the corporation? Explain: Yes No

OPERATING RECORD FROM _____ (date) TO _____ (date)



If profit and loss statement does not fit your business, please attach a statement on your own form.

Net Sales for Period	_____
Cost of Goods Sold	_____
Gross Profit	_____
Selling Expense	_____
Administrative Expense	_____
General Expense	_____
Total Operating Expense	_____
Operating Profit	_____
Other Income	_____
Total Income	_____
Other Deductions	_____
Federal & State Income Tax	_____
Total Deductions	_____
Net Profit	_____
Total Depreciation and Amortization included in the above statement	_____
Deductions for Bad Accounts included in above statement	_____
Salaries to Executive Officers included in above statement	_____

Reconciliation of Surplus:		
Surplus at beginning of period	_____	
Net Profit	_____	
* Surplus Credits	_____	
Total	_____	
Dividends Paid	_____	
* Surplus Debits	_____	
Surplus as of this statement date	_____	
* If Surplus Adjustments involve important transactions, please give details below:		
Please enter your approximate sales by months during the past fiscal period:		
JAN _____	FEB _____	MAR _____
APR _____	MAY _____	JUN _____
JUL _____	AUG _____	SEPT _____
OCT _____	NOV _____	DEC _____

Complete the following (include the supporting schedules)

OTHER BANKS USED:	Do you borrow there?	Maximum Debt Past Year
Bank Name _____ City _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amt. _____
Bank Name _____ City _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amt. _____
Bank Name _____ City _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amt. _____

RENTAL:
Does company rent? Yes No Present monthly rental paid _____ Date of expiration of lease _____



Corporate Financial Statement Section 8 Page 4 of 5

CORPORATE INFORMATION:

Under laws of what state are you incorporated? _____ Are all franchise taxes current? Yes No
 Are you authorized to do business in Arizona? Yes No Have all other legal requirements been met? Yes No
 No. of authorized common shares _____ Outstanding _____ Par Value \$ _____ Year
 last dividend paid _____ Annual rate if established % ____ No. of authorized pfd. shares ____ Outstanding _____
 _____ Par value \$ _____ Dividend Preference \$ _____
 Cumulative? Yes No Dividend paid to _____
 Please list any trade styles used by the corporation _____

SCHEDULE 1 – INSURANCE

FIRE INSURANCE:

On Merchandise _____
 On Machinery Equipment and Fixtures _____
 On Buildings _____

LIABILITY INSURANCE:

Public Liability on Owned Autos _____
 Property Damage on Owned Autos _____
 P.L. and P.D. on Non-owned Autos _____
 Building & Elevator Pub. Liab. _____

Check all that are applicable to the coverage the corporation carries:

- | | | | | |
|--|---|---|--|--|
| <input type="checkbox"/> Explosion Ins. | <input type="checkbox"/> Steam Boiler | <input type="checkbox"/> Auto Fire, Theft | <input type="checkbox"/> Business Interruption | <input type="checkbox"/> Products Liability |
| <input type="checkbox"/> Riot and Strike | <input type="checkbox"/> Auto Collision | <input type="checkbox"/> Workmen's Comp | <input type="checkbox"/> Robbery or Burglary | <input type="checkbox"/> Machinery Breakdown |

Is the extended coverage endorsement attached to fire policies?	Yes	No
Do any policies contain a coinsurance clause?	Yes	No
Is any insurance on a monthly reporting basis?	Yes	No
Are employees having custody or control of property adequately bonded?	Yes	No
	Basis	%

Insurance on Lives of Officers, Directors or Other Executives naming the Corporation as beneficiary:

Name of Insured	Amt. of Policy	Cash Value	Amt. of Loans	Net Cash Value
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____

Trust Company Application



SCHEDULE 2 – OFFICERS, DIRECTORS AND PRINCIPAL STOCKHOLDERS

Name	Title	Shares Owned		Officers and Stockholders Accts	
		Preferred	Common	Due to Corp	Due from Corp.

SCHEDULE 3 – SECURITIES OWNED – Please attach separate schedule if needed.

Stock - Shares, Bond - Amounts	Description	Value at Which Carried on Corp.'s Books	Current Mkt. on Listed		Estimated Value on Unlisted		Yearly Dividend
			@	Amount	@	Amount	



Corporate Financial Statement Section 8 Page 5 of 5

SCHEDULE 4 – REAL ESTATE AND BUILDINGS – Please give details of encumbrances on Schedule 5 opposite proper parcel number.

Parcel	Location and Description Include Nature of Improvements	Monthly Income	Title in Name of	Valuation on Corp.'s Books		Amount of Encumbrances	Assessed Valuation
				Land	Improvements		
No. 1							
No. 2							
No. 3							
No. 4							
No. 5							

Please designate by Parcel No. those properties used in the business _____
 Are taxes delinquent on any of your properties? Yes No
 If so, please give amount and details _____

SCHEDULE 5 – REAL ESTATE ENCUMBRANCES

On Parcel Number Above	Amt. owing per Sched 4	Nature of Encumbrance and To Whom Payable	Int. Rate	Due Date	How Payable	Are Int. * and Prin. Current?
#1 above						
#2 above						
#3 above						
#4 above						
#5 above						

*If any payments of principal interest are delinquent, please give details _____
 Has foreclosure been instituted? Yes No
 If yes, please give details _____

SCHEDULE 6 – INVESTMENTS IN AND ACCOUNTS WITH AFFILIATED CONCERNS

Name of Affiliate	Investments				Intercompany Accounts	
	Com. or Pfd.	No. of Sh.	% Owned	Value on Books	Owed to Corp.	Owed by Corp.

SCHEDULE 7 – PRINCIPAL SUPPLIERS – List concerns from which you buy large quantities and approximate amount due and due date

Name and City	Amount Owed	Name and City	Amount Owed
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

GENERAL REMARKS - Please explain here or in a supplementary letter any important differences between carrying values and actual values, any unusual receivables or payables of importance, or any other factors which have a bearing on interpretation of your financial statement.

I certify that the above information provided by me is true, complete, and correct to the best of my knowledge and belief.

Date _____ Signature _____ Telephone _____ FAX _____