

DUAL AGENCY AFFIDAVIT

Name of Licensee/Registrant:

Main Office Address:

Date:

Deputy Superintendent of Banks Rholda L. Ricketts
New York State Department of Financial Services
Mortgage Banking
One State Street
New York, NY 10004-1417

Dear Deputy Ricketts:

I hereby certify that I understand and will comply with the requirements concerning the Dual Agency Transaction Disclosures as pursuant to Part 38.12 of the General Regulations of the Banking Board.

Sincerely,

(Signature of an owner or principal officer authorized to submit this affidavit)

(Print Name and Title)

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

(Notary Public)

Kindly note that this is an official document of the Department. False or misleading information may be grounds for prosecution. If the licensee/registrant is a corporation, a board resolution approving this affidavit must be submitted together with the affidavit.
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