

NEW YORK STATE DEPARTMENT OF FINANCIAL SERVICES
PERSONAL QUESTIONNAIRE

(Please Print or Type)

Please answer all questions, using "No", "None" or "Not Applicable" where necessary

1. Full Name: _____ Soc. Sec. No: _____

First, Middle, Last

Have you ever been known by, or used, any other name? If so, list such name(s):

2. Home Address: _____

How long at this address: _____

Home/Cell Phone Number: _____

3. Previous Home Address(es) (immediately prior to present address for the last 15 years):

How long at this address: _____

4. Present Occupation:

Firm Name: _____

Business Address: _____

Nature of Business: _____

Title: _____

Telephone Number: _____

Email address: _____

Name of Immediate Supervisor: _____

5. Date of Birth: _____ Place of Birth: _____

Citizenship: _____ Right-to-Work in USA: Yes () No ()

Passport No: _____ Visa Type: _____

Country of Issue: _____ Expiration Date: _____

6.

Education Awarded	Name and Address of School	Dates of Attendance	Major Area of Study	Degree Granted and Date
High School				
College, University (Undergraduate)				
College, University (Graduate)				
Professional or Technical School				

7. Do you have a license to practice any profession: Yes () No ()

If "yes" give details:

(a) Nature of License: _____

(b) Date Issued: _____ Number of license (if any): _____

(c) Licensing Agency and Address: _____

8. Employment Record for the last 15 years. Account for all gaps in employment. (Use additional sheets if necessary.)

Name & Address of Employer	Dates of Employment	Position Held & Duties	Immediate Supervisor	Reason for Leaving

9. If self-employed, 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 percentage of control and/or ownership of other incorporators, partners, directors or officers of the entity or corporation referred to above.

10. 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, or any agency or authority of the State of New York?

Yes No
() ()

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

11. 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 of interest.

12. References:

(a) List the names and addresses 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 addresses of three professional references who can attest to your character, fitness, reputation, professional competence and business skills.

13. List of checking, savings and any borrowing relationships in excess of \$10,000, for both personal and business purposes. (Use additional sheets if necessary.)

Name and address of Creditor/ Financial Institution	Account Number	Type of relationship (checking, savings, Personal/ business borrowing and so on)	Account balance / loan outstanding

14. Answer yes to any of these questions if they apply to you as an individual, or as partner, director or officer of a corporation.

Except for minor traffic violations:

Yes No

- (a) Are any arrests, indictments, criminal information or other criminal proceedings now pending against you? () ()
- (b) Were you ever convicted for any violation of law? () ()

- | | Yes | No |
|---|-----|-----|
| (c) Have you or has any partnership of which you were a member or any corporation of which you were a principal officer or major stockholder ever been adjudged a bankrupt or involved in a civil action either as a defendant or plaintiff (within the past 10 years)? | () | () |
| (d) Have you ever initiated or been named in any administrative or disciplinary proceedings? | () | () |
| (e) Has your salary ever been garnished (within the past 10 years)? | () | () |

If your answer to any of the above questions is "Yes", on a separate sheet of paper list the date, 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. Include copies of documents you have which provides information on any matters listed.

15. Has any enterprise in which you were a partner, director or officer been the subject of federal or state administrative proceedings, criminal indictment, criminal information or other criminal proceeding?

Yes	No
()	()

If your answer is "Yes", on a separate sheet of paper provide a description of each administrative or disciplinary proceeding and its disposition. Report all matters, regardless of disposition. Include copies of documents you have which provides information on any matters listed.

16. Have you and any enterprise in which you are a partner *failed* to file required federal, state and local tax returns for the previous three calendar years?

Yes	No
()	()

If your answer is "yes", on a separate sheet of paper, 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 as per New York Banking Law, the Superintendent of Financial Services may initiate regulatory actions against the licensee.

Date _____

Signature _____