

PERSONAL FINANCIAL STATEMENT

IMPORTANT: Read these directions before completing this Statement.

- If you are applying for individual credit in your own name and are relying on your own income or assets and not the income of another person as the basis for repayment of the credit requested complete only Sections 1 and 3.
- If you are applying for joint credit with another person, complete all Sections providing information in Section 2 about the joint applicant.

We intend to apply for joint credit _____
 Applicant Co-Applicant

- If you are applying for individual credit, but are relying on income from alimony, child support, or separate maintenance or on the income or assets of another person as a basis for repayment of the credit requested, complete all Sections, providing information in Section 2 about the person whose alimony, support, or maintenance payments or income or assets you are relying.
- If this statement relates to your guaranty of the indebtedness of other person(s), firm(s) or corporation(s), complete Section 1 and 3.

TO: Republic Bank **IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT**



To help the government fight the funding of terrorism and money laundering activities, the USA Patriot Act requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, physical address, date of birth, taxpayer identification number and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. We will let you know if additional information is required.

SECTION 1 - INDIVIDUAL INFORMATION (Type or Print)						SECTION 2 - OTHER PARTY INFORMATION (Type or Print)					
Name						Name					
Residence Address						Residence Address					
City, State & Zip						City, State & Zip					
Position or Occupation						Position or Occupation					
Business Name						Business Name					
Business Address						Business Address					
City, State & Zip						City, State & Zip					
Res. Phone			Bus. Phone			Res. Phone			Bus. Phone		
IF U.S. PERSON (Complete all that apply)	Drivers License No.	State	Date of Issuance	Date of Expiration	Social Security No. or Tax ID No.	IF U.S. PERSON (Complete all that apply)	Drivers License No.	State	Date of Issuance	Date of Expiration	Social Security No. or Tax ID No.
	State ID Card No.	State	Date of Issuance	Date of Expiration	Other (Military ID, Tribal ID, etc.)		State ID Card No.	State	Date of Issuance	Date of Expiration	Other (Military ID, Tribal ID, etc.)
IF NON U.S. PERSON (Complete all that apply)	Drivers License No.	State	Date of Issuance	Date of Expiration	Social Security No. or Tax ID No.	IF NON U.S. PERSON (Complete all that apply)	Drivers License No.	State	Date of Issuance	Date of Expiration	Social Security No. or Tax ID No.
	State ID Card No.	State	Date of Issuance	Date of Expiration	Passport No. & Country of Issuance:		State ID Card No.	State	Date of Issuance	Date of Expiration	Passport No. & Country of Issuance:
Individual Taxpayer ID No.		No Taxpayer ID No., But have filed application for one, when filed:		Government issued document No. and Country of issuance:	Other	Individual Taxpayer ID No.		No Taxpayer ID No., But have filed application for one, when filed:		Government issued document No. and Country of issuance:	Other

SECTION 3 - STATEMENT OF FINANCIAL CONDITION AS OF _____ 20_____

ASSETS (Do not include Assets of doubtful value)	In Dollars (Omit cents)	LIABILITIES	In Dollars (Omit cents)
Cash on hand and in banks		Notes payable to banks - secured	
U.S. Gov't. & Marketable Securities - see Schedule A		Notes payable to banks - unsecured	
Non-Marketable Securities - see Schedule B		Due to brokers	
Securities held by broker in margin accounts		Amounts payable to others - secured	
Restricted or control stocks		Amounts payable to others - unsecured	
Partial interest in Real Estate Equities - see Schedule C		Accounts and bills due	
Real Estate Owned - see Schedule D		Unpaid income tax	
Loans Receivable		Other unpaid taxes and interest	
Automobiles and other personal property		Real estate mortgages payable - see Schedule D	
Cash value-life insurance - see Schedule E		Other debts - Itemize	
Other assets - Itemize			
		TOTAL LIABILITIES	
		NET WORTH	
TOTAL ASSETS		TOTAL LIAB. AND NET WORTH	

SOURCES OF INCOME FOR YEAR ENDED _____ 20_____	PERSONAL INFORMATION
Salary, bonuses & commissions	Do you have a will? _____ if so, name of executor.
Dividends	
Real estate income	Are you a partner or officer in any other venture? If so, describe.
Other income (Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation)	Are you obligated to pay alimony, child support or separate maintenance payments? If so, describe.
	Are any assets pledged other than as described on schedules? If so, describe
TOTAL	
CONTINGENT LIABILITIES	Income tax settled through (date) _____
Do you have any contingent liabilities? If so, describe	Are you a defendant in any suits or legal actions?
As endorser, co-maker or guarantor?	
On leases or contracts?	Personal bank accounts carried at:
Legal claims	
Other special debt	Have you ever been declared bankrupt? If so, describe.
Amount of contested income tax liens	

SCHEDULE A - U.S. GOVERNMENTS & MARKETABLE SECURITIES

Number of Shares or Face Value (Bonds)	Description	In Name Of	Are These Pledged?	Market Value

SCHEDULE B - NON-MARKETABLE SECURITIES

Number of Shares	Description	In Name Of	Are These Pledged?	Source of Value	Value

SCHEDULE C - PARTIAL INTERESTS IN REAL ESTATE EQUITIES

Address & Type Of Property	Title In Name Of	% Of Ownership	Date Acquired	Cost	Market Value	Mortgage Maturity	Mortgage Amount

SCHEDULE D - REAL ESTATE OWNED

Address & Type Of Property	Title In Name Of	Date Acquired	Cost	Market Value	Mortgage Maturity	Mortgage Amount

SCHEDULE E - LIFE INSURANCE CARRIED, INCLUDING N.S.L.I. AND GROUP INSURANCE

Name of Insurance Company	Owner of Policy	Beneficiary	Face Amount	Policy Loans	Cash Surrender Value

SCHEDULE F - BANKS OR FINANCE COMPANIES WHERE CREDIT HAS BEEN OBTAINED

Name & Address Of Lender	Credit In The Name Of	Secured Or Unsecured?	Original Date	High Credit	Current Balance

The information contained in this statement is provided for the purpose of obtaining, or maintaining credit with you on behalf of the undersigned, or persons, firms or corporations in whose behalf the undersigned may either severally or jointly with others, execute a guaranty in your favor. Each undersigned understands that you are relying on the information provided herein (including the designation made as to ownership of property) in deciding to grant or continue credit. Each undersigned represents and warrants that the information provided is true and complete and that you may consider this statement as continuing to be true and correct until a written notice of a change is given to you by the undersigned. You are authorized to make all inquiries you deem necessary to verify the accuracy of the statements made herein, and to determine my/our creditworthiness. You are authorized to answer questions about your credit experience with me/us.

BY SIGNING THIS STATEMENT I/WE HEREBY CERTIFY AND AGREE THAT THE LENDER, IT'S AGENTS, SUCCESSORS AND ASSIGNEES, EITHER DIRECTLY OR THROUGH A CREDIT REPORTING AGENCY, MAY OBTAIN OR VERIFY ANY EMPLOYMENT, CREDIT OR OTHER INFORMATION RELATING TO MY/OUR APPLICATION FOR CREDIT. ANYONE RECEIVING A COPY OR REPRODUCTION OF MY/OUR SIGNATURE(S) BELOW IS AUTHORIZED TO PROVIDE THE LENDER WITH SUCH INFORMATION.

Date Signed _____

Signature (Individual) _____

Date of Birth _____

Signature (Other Party) _____

Date of Birth _____

(USE ADDITIONAL SCHEDULES IF NECESSARY)