

**SUPPLEMENTAL SHEET**

**APPLICATION OF A SAVINGS INSTITUTION  
FOR A CERTIFICATE OF AUTHORITY TO BEGIN BUSINESS**

I certify that as an officer and/or director of \_\_\_\_\_  
(Name of Savings Institution)

\_\_\_\_\_  
(Address)

I have read the booklet entitled "Responsibilities of Savings Institutions' Directors" prepared by the Bureau of Financial Institutions of the State Corporation Commission, Commonwealth of Virginia, and that I fully understand its contents.

(Type or Print) Name	Signature
_____	_____
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Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Notary Public

Registration Number of Notary: \_\_\_\_\_  
My commission expires: \_\_\_\_\_