## 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)
(Ad	ddress)
I have read the booklet entitled "Responsibilities of Savings Institutions' Directors" prepared by the Bureau o Financial Institutions of the State Corporation Commission, Commonwealth of Virginia, and that I fully understandits contents.	
(Type or Print) Name	Signature
Sworn to and subscribed before me this	, day of,,
	Notary Public
	•
	Registration Number of Notary: