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: _____