STATE OF ILLINOIS DEPARTMENT OF FINANCIAL & PROFESSIONAL REGULATION CONSUMER CREDIT SECTION

TRANSMITTER OF MONEY ACT

SUPPLEMENTAL APPLICATION

All answers must be typed or legibly printed. All questions must be answered.

1. Individual's Name:(First)	(Middle)	(Last)
2. Corporate Title:		
3. Percentage of Ownership:		
4. Date of Birth:		
5. Social Security Number:		
6. Business Address:		
7. Resident Address:		
8. Telephone Number:		
9. Business Experience for past ten (10) (A copy of a résumé for the same period requirement.)	·	0
<u>Years</u>		
FromToCompan	y Name:	
Company Address:		
Position Held:		
Principle Duties:		

(page 1 of 3)

<u>Years</u>
FromTo Company Name:
Company Address:
Position Held:
Principle Duties:
<u>Years</u>
FromTo Company Name:
Company Address:
Position Held:
Principle Duties:
10. In the past l0 years have you ever been indicted, plead guilty, plead nolo contendere, or convicted of a felony?
Yes No
If yes, provide on a separate sheet full details including a summary, the court, presiding judge(s) and the title and document number.
11. In the past 10 years have you, or the past business you were employed at, been a party to any financial services-related material litigation?
Yes No

(page 2 of 3)

If yes, provide on a separate sheet full details including a summary, settlement, et cetera, the court, presiding judge(s) and the title and docket number.

Under penalties of law, I declare that I have examined the application and all supporting
documents submitted by me in connection therewith, and to the best of my knowledge
they are true, correct and complete.

Name & Title (Please Type or Print)					
Signatu	re				
Residen	t Address				
City	State	Zin Code			