

APPLICANT CERTIFICATION

PAPERWORK REDUCTION ACT STATEMENT

The Office of Thrift Supervision will use this information to evaluate the application against relevant statutory criteria. Collection is mandatory. Public reporting burden for this collection of information is estimated to average twenty minutes per response, including the time for reviewing instructions and completing and reviewing the collection of information. **If a valid OMB Control Number does not appear on this form, you are not required to complete this form.** Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Thrift Supervision, Policy, 1700 G Street, N.W., Washington, D.C. 20552; and to the Office of Management and Budget, Paperwork Reduction Project (1550-0047), Washington, D.C. 20503.

Please refer to RB 20a and the instructions to this certification prior to completing.

Name of Applicant:
Name of Individual or Entity Submitting Form:
<i>(herein referred to as "you")</i>
Time Period Covered by Certification:
Submitted in Connection with Application Filed For:

	Yes	No
1. Have you, or any company in which you are, or were, an officer, director, or principal shareholder, or any partnership in which you are, or were, a partner, been the subject of any criminal, civil or administrative judgments, consents, undertakings or orders, or any past or ongoing indictments, investigations, examinations, or administrative proceedings, issued by any federal or state court, any department, agency, or commission of the U.S. Government, any state or municipality, any self regulatory trade or professional organization, or any foreign government or governmental entity, which involve:		

	Yes	No
A. Commission of a felony, fraud, moral turpitude, dishonesty, breach of trust or fiduciary duty, organized crime or racketeering?	<input type="checkbox"/>	<input type="checkbox"/>
B. Violation of securities or commodities laws or regulations?	<input type="checkbox"/>	<input type="checkbox"/>
C. Violation of insurance laws or regulations which involve fraud or a penalty of \$50,000 (per violation) or more?	<input type="checkbox"/>	<input type="checkbox"/>
D. Violation of depository institution laws or regulations?	<input type="checkbox"/>	<input type="checkbox"/>
E. Violation of housing authority laws or regulations?	<input type="checkbox"/>	<input type="checkbox"/>
F. Violation of the rules, regulations, codes of conduct or ethics of a self-regulatory trade or professional organization?	<input type="checkbox"/>	<input type="checkbox"/>
G. Adjudication of bankruptcy or insolvency or appointment of a receiver, conservator, trustee, referee, or guardian?	<input type="checkbox"/>	<input type="checkbox"/>
2. If you are an insurance company, has any state insurance department suspended or revoked, or initiated any action to suspend or revoke, your Certificate of Authority to do business?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you, or any company in which you are, or were, an officer, director, or principal shareholder, or any partnership in which you are, or were, a partner, ever been denied, or withdrawn after receipt of formal or informal notice of a recommendation for denial, any of the following:		
A. An application relating to the organization of, or obtaining insurance of accounts for, a bank, savings bank, or savings and loan association, trust company, credit union or industrial bank?	<input type="checkbox"/>	<input type="checkbox"/>
B. An application to acquire any of the foregoing under the Savings and Loan Holding Company Act or the Bank Holding Company Act?	<input type="checkbox"/>	<input type="checkbox"/>
C. A notice relating to a change in control of any of the foregoing under the Change in Savings and Loan Control Act or the Change in Bank Control Act?	<input type="checkbox"/>	<input type="checkbox"/>
D. An application to acquire a foreign bank or parent thereof?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you been associated as a senior executive officer, director, partner in a partnership or principal shareholder, with any of the following:		
A. An insured depository institution or financial institution holding company that has been subject to any enforcement action?	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
B. An insured depository institution that: (1) failed, (2) received financial assistance from a financial institution depository agency (e.g. FDIC, Resolution Trust Corporation, or former Federal Savings and Loan Insurance Corporation), or (3) was a merger partner with an institution that received financial assistance from a financial institution depository agency?	<input type="checkbox"/>	<input type="checkbox"/>
C. A business or enterprise which has filed for bankruptcy or forfeited property?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you own any equity securities of an insured institution or holding company thereof, other than the institution or company that is the subject of the application?	<input type="checkbox"/>	<input type="checkbox"/>
6. Are/were you a defendant in any pending or settled class action lawsuit that alleges, or alleged, fraud, dishonesty, misrepresentation, or breach of trust or fiduciary duty?	<input type="checkbox"/>	<input type="checkbox"/>

Please check one or more of the following. If the form is submitted on behalf of other parties, provide an attachment that identifies all parties in which it applies.

- As Individual - I am executing this form in my individual capacity because I am a controlling person, senior executive officer or director of the Applicant.
- As Applicant - I am executing this form on behalf of the Applicant. **Individual** forms are being provided for all companies the Applicant controls, and all of the Applicant's subsidiaries.
- As Applicant - I am executing this form **jointly** on behalf of the Applicant, all of the companies it controls, and all affiliates, which are listed as an attachment to the form.

In general, requests for confidential treatment of this form, or any information submitted in response to this form, must be submitted in writing with its submission and must discuss the justification for the requested treatment. The Applicant's reasons for requesting confidentiality should specifically demonstrate the harm (e.g., to its competitive position, invasion of privacy) that would result from public release of information (5 U.S.C. Section 552 and 12 C.F.R. Section 505). Information for which confidential treatment is requested should be separately bound and labeled "Confidential." The Applicant should follow the same procedure regarding a request for confidential treatment with regard to the subsequent filing of supplemental information to the form.

I hereby certify that the information contained in this certification is true, complete, and correct to the best of my knowledge and belief. I acknowledge that any misrepresentation or omission of a material fact with respect to the foregoing constitutes fraud in the inducement, or making false statements in violation of 12 C.F.R. Section 563.180(b), may subject me to legal sanctions provided by 18 U.S.C. Sections 1001 and 1007.

Signed this _____ day of _____

Name of Company, if applicable (print or type name)
Name and Title (print or type)

Signature