

OMB Control No. 3245-0172

Expiration Date mm/dd/yyyy

U.S. SMALL BUSINESS ADMINISTRATION

REQUEST FOR INFORMATION

OWNERSHIP CONFIRMATION FOR PARTNERSHIP

SMALL BUSINESS INVESTMENT COMPANIES (SBICs)

*The information requested below obtains voluntary representations from the investors of Small Business Investment Companies (SBICs) to assist in SBA’s oversight of the SBIC program. The information is collected by an SBA Examiner as part of an onsite examination of the relevant SBIC* *to determine compliance with applicable statutory and regulatory program provisions. Confidential information, including commercial or financial information, will be protected from disclosure to the public to the extent permitted by law, particularly exemptions 4, 6, and 8 of the Freedom of Information Act (5 U.S.C. 552).*

*Please return completed forms within 10 days, as directed by the requesting SBA Examiner.*

TO: SBA EXAMINER

In connection with your SBIC examination, I represent that the following information is accurate regarding the ownership interest of, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, in the SBIC, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

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| 1. The records of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (SBIC) show that as of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, you provided a capital commitment totaling $\_\_\_\_\_\_\_\_\_\_\_\_\_. The SBIC records show that $\_\_\_\_\_\_\_\_\_\_\_\_ has been funded and $\_\_\_\_\_\_\_\_\_\_\_\_ remains to be paid.   \_\_\_\_\_ Correct \_\_\_\_\_Incorrect (If incorrect, please explain.) |
| 2a. Your unpaid capital commitment of $\_\_\_\_\_\_\_\_\_\_ is due the SBIC and remains outstanding.  \_\_\_\_\_ Correct \_\_\_\_\_Incorrect (If incorrect, please explain.)  2b. Is your capital commitment backed by an outstanding letter of credit from a qualified institutional investor?  \_\_\_\_\_ Yes \_\_\_\_\_ No (If yes, please explain.) |
| 1. Is the SBIC’s limited partnership interests held by you pledged as collateral or encumbered in any other manner?   \_\_\_\_\_ Yes \_\_\_\_\_ No (If yes, please explain.) |
| 1. Have you or do you anticipate receiving directly or indirectly any financing from the SBIC?   \_\_\_\_\_ Yes \_\_\_\_\_ No (If yes, please explain.) |
| 1. Have any restrictions been imposed on you by the SBIC in addition to those in the partnership agreement?   \_\_\_\_\_ Yes \_\_\_\_\_ No (If yes, please explain.) |
| 1. Were the funds used to purchase the partnership interest borrowed? If so, please state the source of borrowed funds and if your net worth is equal to at least twice the amount of the funds borrowed. |
| **WARNING** *By signing below, you are acknowledging that a representative for the U.S. Small Business Administration (SBA) and the SBA are relying on this information, and that false statements can lead to criminal prosecution under 18 U.S.C. 1014, and other statutes, with fines of up to $1,000,000 and imprisonment of up to 30 years, and civil fraud damages of three times the Government’s loss.*  I hereby certify that all information provided in this form is true and correct to the best of my knowledge.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  SIGNATURE AND TITLE DATE |

**PLEASE NOTE:** This information collection is voluntary. The total estimated burden for completion of this form, including gathering the information and completing and reviewing the response, is 1 hour. You are not required to respond to this information collection if a valid OMB control number is not displayed. If you have any questions or comments concerning this estimate or other aspects of this information collection, please contact the U.S. Small Business Administration, Chief, Administrative Information Branch, 409 3rd Street, S.W., Washington, DC 20416, or SBA Desk Officer, Office of Management and Budget, New Executive Office Building, Room 10202, Washington, DC 20503. (OMB Control Number: 3245-0172). **PLEASE DO NOT SEND FORMS TO OMB.**