SUPPLEMENTAL SHEET

APPLICATION OF A BANK FOR A
CERTIFICATE OF AUTHORITY TO BEGIN BUSINESS

I certify that as an officer and/or director of _____
(Name of Bank)

_____
(Address)

I have read the booklet entitled "Bank Directors Responsibilities" prepared by the Bureau of Financial Institutions of the State Corporation Commission, Commonwealth of Virginia, and that I fully understand its contents.

Name (Type or Print)	Signature
_____	_____
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_____	_____
_____	_____

Sworn to and subscribed before me this _____ day of _____, _____.

_____
Notary Public

Registration Number of Notary: _____
My commission expires: _____