



**STATE OF SOUTH CAROLINA
DEPARTMENT OF CONSUMER AFFAIRS
OWNER/EMPLOYEE INFORMATION
SUPPLEMENTAL FORM A**

Mailing Address
P.O. Box 5757
Columbia, SC 29250-5757

S.C. Code Ann. § 40-58-10 et seq. (Supp. 2003)
www.sccoconsumer.gov
803-734-4236/800-922-1594

Street Address
3600 Forest Drive
Columbia, SC 29204-4406

DO NOT FAX THIS FORM

(An original, signed and notarized form is required)

The following information MUST be provided on a separate form for EACH MEMBER, OWNER, PARTNER, CORPORATE OFFICER, SHAREHOLDER AND EMPLOYEE, other than originators. The term "employee" on this form means any person employed by the business other than those who engage in direct loan brokerage activity, including processors. Employees that engage in direct loan brokerage activity, i.e. originators must be separately licensed and do not require a Supplemental Form A. This form may be duplicated. Complete the form in its entirety. If any of the information on this form changes, submit a revised form to the Department. Incomplete information could result in delay or denial of your application.

Company name: _____

Your legal name: _____
Last Name, First Name and Middle Name (NOT Initial)

Business relationship or title: _____
*If an owner, partner, officer or member, state your ownership interest (Ex. 25%) _____

Have you been known by any other name? Yes No If yes, state the name _____
(Ex. Maiden name, etc.)

Do you work in the broker business? Yes No

Present Home/Street Address: _____ How long at this address? _____

City: _____ State: _____ Zip: _____ County: _____ Work telephone: _____ - -

Date of Birth: _____ SSN: _____ - - -
(mm/dd/yyyy) Home telephone: _____ - -
Fax: _____ - -
E-Mail: _____

In what state were you born? _____

Driver's License No. _____ State & Date of Issue: _____

EDUCATIONAL BACKGROUND

SCHOOL	DATES ATTENDED	DEGREE (also indicate major)

EMPLOYMENT BACKGROUND

Describe your employment, at least ten years, starting with current, noting origination of residential mortgages.

NAME OF EMPLOYER	ADDRESS & TELEPHONE NO.	DATES OF EMPLOYMENT	POSITION	NAME OF OWNER

Mark an X in the appropriate box. If you answer "Yes" to any question, give all details on a separate sheet.

- | | | |
|--------------------------|--------------------------|---|
| YES | NO | |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been convicted of a felony or of an offense involving breach of trust, moral turpitude or dishonest dealings within the past ten years? Provide details about the offense, including conviction date, court, penalty and attach a certified copy of the Criminal Docket Sheet and the Presentence Investigation Report. |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been charged with irregularities or shortages in your business accounts or transactions? If yes, provide details. |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever surrendered, resigned, cancelled or been denied a professional license or other credential in any jurisdiction? Provide details including the name of the profession and the agency (include agency address). |
| <input type="checkbox"/> | <input type="checkbox"/> | Has any licensing or other credentialing agency ever taken any disciplinary action against you, including but not limited to, any warning, reprimand, suspension, probation, limitation or revocation? Provide details, including the name of the agency and date of action. |
| <input type="checkbox"/> | <input type="checkbox"/> | Is disciplinary action pending against you in any jurisdiction? Provide details, including the name of the agency and status of action. |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had any civil judgments, lawsuits or liens brought against you? If yes, provide details. |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you currently hold, or have you in the past, held any credential (license) issued by the State of South Carolina? If yes, what type of credential? (Do not include drivers license) _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you read and are you familiar with the Mortgage Loan Broker Act, <u>S.C. Code Ann. § 40-58-10 et seq.</u> ? (Must answer YES if you work in the broker business) Describe any training you have received in mortgage brokering, including on-the-job-training (OJT). |

I swear or affirm and certify that I have completed and/or reviewed all information on this form and that all information contained herein is true, current and correct. I further certify that I understand that giving false information constitutes cause for denial or revocation of the application and subjects me to criminal prosecution for perjury. I acknowledge that I have a duty and agree to update and correct this information as it changes. Additionally, I acknowledge that pursuant to SC Code 40-58-10 through -110 a criminal records check by the South Carolina Law Enforcement Division will be obtained for all applicants.

Signature of Owner/Employee

Type or Print your name and Business Relationship or Title

SWORN TO AND SUBSCRIBED before me
this _____ day of _____, 20____

Notary Public For _____

My Commission Expires: _____

The South Carolina Freedom of Information Act may require the Department of Consumer Affairs to release this form as a public record; however personal identifying information will be released only if required by law.