

Affidavit for Delayed Deposit Services Licensee Supplemental Annual Report

The following Affidavit must be executed, if a corporation, by a duly authorized officer of the corporation, or if a partnership, by a partner, or if a sole proprietorship, by the owner. In the case of illness or inability of such person to sign the Affidavit, it may be executed by a legal representative or agent. The Affidavit must be sworn to before a Notary Public or other person authorized to administer oaths.

AFFIDAVIT

State of: _____

County of: _____

I, _____, the undersigned, being the _____
(Please type or print name) (Title)

of the Licensee, _____
(Licensee Name)

_____, _____,
(License Number)

swear (or affirm) that to the best of my knowledge and belief the statements contained in this Supplemental Annual Report, including the accompanying schedules and statements (if any), are true and that the same is a true and complete statement in accordance with the law and are being submitted on the original required Department form.

(Signature)

(Telephone Number)

Subscribed and sworn (or affirmed) before me this _____ day of _____, 20_____.

(Notary Public)

My commission expires: _____