FIS 0513 (07/08) Office of Financial and Insurance Regulation

DEBT MANAGEMENT ACT AFFIDAVIT OF CHARACTER

(This form is required pursuant to Rule 2(5) of the Debt Management Rules)

PLEASE NOTE: Submit three Affidavit of Character forms, along with a Business History Form, and a Fingerprint Card (available through OFIR by calling 1-877-999-6442) for each officer, director, partner, proprietor, member counselor, and office manager.

(Note: This form is not required to be completed by a director or its equivalent, if he/she does not receive a salary, stock dividend, or other financial benefit from the corporation or equivalent entity, other than reimbursement of the actual expenses incurred in carrying out the duties of a director of that corporation or equivalent entity.)

Make copies as needed

Applicant	
Debt Management Firm	Date of Submission

_____ , after being first sworn, deposes and says:

That I am personally acquainted with the applicant,_____ . I have known the applicant for a period of at least two (2) years and that applicant is of good moral character and that the reputation of the applicant for honesty and integrity is good.

Signature of Affiant	Date
Address	

State of _____

County of _____

Subscribed and sworn to before me this _____ day of _____

County of _____, State of _____

_____

Notary Public

My Commission Expires _____