



GOVERNMENT OF PUERTO RICO
OFFICE OF THE COMMISSIONER OF FINANCIAL INSTITUTIONS

**STATEMENT OF PERSONAL HISTORY TO BE SUBMITTED BY
DIRECTORS, OFFICERS AND OWNERS OF
COMMERCIAL BANKS, TRUST COMPANIES, INTERNATIONAL
BANKING ENTITIES AND BANCO COOPERATIVO**

INSTRUCTIONS

This form must be completed, sworn and subscribed by new directors, officers and owners of the entity, and by those persons who possess or intend to possess or control five percent (5%) or more of the interest in the capital of the financial institution.

Please answer every question. If a question does not apply write N/A in the space provided. If space available is insufficient, continue on a separate sheet, identifying the corresponding exhibit.

This personal history statement is an official document.

Name of the financial institution



2. EDUCATION

A. Record your formal education, including name of university, school or professional college, year of graduation and degrees obtained.

<u>Name of School</u>	<u>Location</u>	<u>Graduation Date</u>	<u>Degree</u>

B. Indicate if you have any particular training related to banking business and/or securities, investment or finance.

3. EMPLOYMENT

A. Record of occupation, commercial or financial experience for at least ten (10) years immediately preceding the date of this form, beginning with your current employment. (Attach an additional sheet if necessary in order to finish details).

<u>Date of Employment</u>	<u>Type of Employer</u>	<u>Address</u>	<u>Business (from-to)</u>	<u>Position & Duties</u>	<u>Name of Supervisor</u>



B. List all corporations, partnerships or any other business ventures with which you have been related as an officer, director, and stockholder or in a similar capacity.

<u>Date</u>	<u>Name of Organization</u>	<u>Type of Association</u>	<u>Address</u>	<u>Business (from-to)</u>

4. REFERENCES

Provide three (3) references of persons who have known you for (5) five years or more. Do not include relatives, present employer or employees or bank references.

<u>Name</u>	<u>Business Organization</u>	<u>Address</u>	<u>Telephone</u>

5. BANK REFERENCES

Provide three (3) bank references:

<u>Name</u>	<u>Address</u>	<u>Telephone</u>



6. OTHER INFORMATION

A. Do you have any agreement, written or otherwise, relating to the acquisition of any additional interest in the capital of the financial institution? (If "yes" give full details on separate sheet.)

Yes _____ No

B. Have you ever been?

(1) An officer, director or being related to a company which has become insolvent or bankrupt? If so, please provide name and address of company and type of business.

Yes _____ No

(2) Arrested, detained, charged, convicted of any felony or of any fraudulent acts summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event?

Yes _____ No

(3) Declared bankrupt, or an assignment has ever been made for the benefit of your creditors?

Yes _____ No

(4) Permanently or temporarily enjoined from engaging in or continuing any conduct or practice related to any business by any competent court or government entity in any country?

Yes _____ No

If the answer to any part of item B is in the affirmative, attach a separate sheet providing full details. If during the period of your association with the financial institution, an event occurs which would cause an affirmative answer to any part of this item B, notify immediately the Commissioner of Financial Institutions in writing as to the facts relating to such events.

C. Submit information regarding your relation to other financial institutions.



SWORN CERTIFICATION

I, _____, being duly sworn, depose and state that I have read the foregoing Statement of Personal History and know the contents thereof; that the statements contained therein, including the attachments, if any, are to the best of my knowledge and belief, true and correct; that I prepared said statement with the knowledge that any misrepresentation or failure to reveal information requested by the Commissioner of Financial Institutions of Puerto Rico, may be deemed sufficient cause for denial or revocation of the appointment.

Signature

AFFIDAVIT NUMBER

Sworn and subscribed to before me by, _____ of legal age,

_____, _____, and resident of
(Married or Single) (Occupation)

(City, State and/or Country)

At _____, on this _____ day of _____, 20____.

Notary Public