

**CERTIFICATION OF BENEFICIAL OWNERS**

I, \_\_\_\_\_ being a \_\_\_\_\_ hereby certify, to the best of my knowledge, that the  
 (Full Name) (Title in the Company)  
 information below is complete and correct. Any change will be notified to Expocredit LLC in a timely manner.

Company Legal Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Address: \_\_\_\_\_ Federal Tax Id #: \_\_\_\_\_  
 City/Zip: \_\_\_\_\_ State of Incorporation: \_\_\_\_\_  
 State: \_\_\_\_\_ Country of Incorporation: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Web: \_\_\_\_\_

**1. Please check the correct box to answer below. The following information for individuals with significant responsibility for managing the legal entity listed above, such as:**

- Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer; or
- Any other individual who regularly performs similar functions

Please provide a copy of the Photo ID for each individual

Name	Title	Place and Date of Birth	For US Persons: SSN	For Foreign Person: Passport Number and Country of Issuance or other similar identification number*

\*In lieu of passport number, foreign persons may also provide an alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residency and bearing a photograph or similar safeguard.

**2. The following information for each individual, if any, who, directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns 10% or more of the equity interests of the legal entity listed above:**

Please provide a copy of the Photo ID for each individual

Name	% Part	For US Persons: SSN	For Foreign Person: Passport Number and Country of Issuance or other similar identification number**.	Place and Date of Birth	Politically Exposed Person?*** Yes/No

\*\*\*In lieu of passport number, foreign persons may also provide an alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residency and bearing a photograph or similar safeguard.

\*\*\* Politically Exposed Person (PEP) defined as a current or former senior foreign political figure, their immediate family, and their close associates. **1)** A "senior foreign political figure" is a senior official in the executive, legislative, administrative, military or judicial branches of a foreign government (whether elected or not), a senior official of a major foreign political party, or a senior executive of a foreign government-owned corporation. In addition, a senior foreign political figure includes any corporation, business, or other entity that has been formed by, or for the benefit of, a senior foreign political figure. **2)** The "immediate family" of a senior foreign political figure typically includes the figure's parents, siblings, spouse, children, and in-laws. **3)** A "close associate" of a senior foreign political figure is a person who is widely and publicly known to maintain an unusually close relationship with the senior foreign political figure, and includes a person who is in a position to conduct substantial domestic and international financial transactions on behalf of the senior foreign political figure

Please fill in a new form for each company reported below

**3. Fill out below the following information for EACH legal entity, if any, who, directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns 10% or more of the equity interests of the legal entity listed above:**

Full Legal Name of the Legal Entity	Registration Number	Country of Incorporation	% of Shares

**Important Notice:**

**THIS DOCUMENT MUST BE SIGNED AND NOTARIZED TO BE VALID FOR EXPOCREDIT FINANCIAL GROUP.**

**Signature:**

**By:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signature:**

**By:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_

SPACE RESERVED FOR NOTARY STAMP

I, the legal undersigned, authorize Expocredit Financial Group and its respective agent(s) to solicit information about my consumer credit history and my criminal background information. This is my legal affidavit and I hereby authorize any credit reporting agency contacted by Expocredit Financial Group or its agent(s) to release all records of my information.

I also release Expocredit Financial Group and its respective employees and agents, and the entities providing information or reports about me, from any and all liabilities arising out of the release of any such information.

First Name		Middle Name		Last Name (s)	
<input type="text"/>		<input type="text"/>		<input type="text"/>	
Social Security Number			Identification Number (*If you do not have SSN#)		
<input type="text"/>			<input type="text"/>		
Place of Birth		Year	Month	Day	
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	
Current Address:					
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street	Apt	City	State	Zip Code	Country

Please sign this release authorization form in your own hand:

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Date signed