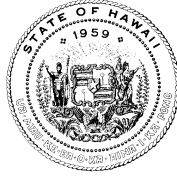


NEIL ABERCROMBIE
GOVERNOR

BRIAN SCHATZ
LT. GOVERNOR

KEALI'I S. LOPEZ
DIRECTOR



IRIS IKEDA CATALANI
COMMISSIONER

LYNNE H. HIMEDA
DEPUTY COMMISSIONER

STATE OF HAWAII
DIVISION OF FINANCIAL INSTITUTIONS
DEPARTMENT OF COMMERCE & CONSUMER AFFAIRS
335 MERCHANT STREET, ROOM 221
P.O. BOX 2054
HONOLULU, HAWAII 96805

PHONE: (808) 586-2820
FAX: (808) 586-2818
E-MAIL: dfi@dcca.hawaii.gov

REQUEST FOR INFORMATION FORM

Instructions to Applicant

Complete the Authorization below and Part I of the attached Request for Information Form ("Request Form") by typing or legibly printing the required information and signing the Authorization.

Mail the Authorization and the Request Form to the appropriate agencies in each state in which you are licensed or regulated as a financial services provider (i.e., financial institution, consumer finance lender, mortgage broker or banker, etc.), escrow depository, and/or money transmitter. If you hold multiple licenses, mail the Authorization and the Request Form to each state agency that licenses or regulates your activities.

Include, with each Authorization and Request Form sent to the appropriate state agencies, A POSTAGE PAID ENVELOPE ADDRESSED TO:

State of Hawaii
Division of Financial Institutions
P.O. Box 2054
Honolulu, Hawaii 96805

Submit to the State of Hawaii, Division of Financial Institutions, photocopies of the Authorization and the Request Form mailed to the appropriate state agencies as supplements to your application.

Authorization

I hereby authorize the State of _____ to release to the State of _____
(Name of State Being Contacted)

Hawaii, Division of Financial Institutions, any and all information requested on the attached Request Form.

Name of Applicant

Name and Title of Authorized Officer

Signature of Authorized Officer

Date

Request for Information

Part I. Section to be completed by the Applicant.

Legal Name and Address of Applicant

Licensing State

Date Licensed

License Expiration Date

License Number

License Type

Part II. Section to be completed by the state agency.

The above named company has made application for licensing to conduct business in the **State of Hawaii**. The Applicant has stated that it is licensed and/or regulated by your agency. As part of our review of the Applicant's qualification and suitability for a license, we are requesting that you provide to us information on your experience with this Applicant. Please complete the following and return the completed Request Form in the postage paid and pre-addressed envelope provided. If you have any questions regarding this Request Form, you can contact us at:

State of Hawaii
Division of Financial Institutions
P. O. Box 2054
Honolulu, Hawaii 96805
(808) 586-2820

1. Is the information provided by the Applicant in Part I accurate? Yes ___ No ___
2. Did your agency conduct an investigation of this Applicant prior to issuing a license?
Yes ___ No ___
3. Does your agency conduct periodic examinations or audits on the Applicant? Yes ___ No ___
4. Have any complaints against the Applicant been filed with your agency in the past three years?
Yes ___ No ___ If yes, please provide the number, nature, and disposition of the complaint(s) below. Attach additional page if space is needed to provide additional information or comments.

5. Has your agency taken any disciplinary/enforcement action against this Applicant?
Yes ___ No ___ If yes, please describe the nature of the action, date, and disposition below. Attach additional page if space is needed to provide additional information or comments.

Name and Title of Person Completing Request Form

Agency Name

Telephone Number of Person Completing Request Form

Agency Address

Date

Agency Address