



NOTICE

This **Personal Financial Report and Biographical Information Form** is conveniently provided to you in a user-friendly **Interactive Format**. The form **CAN BE COMPLETED** online but **CANNOT** be submitted electronically at this time. You **must** print out the completed form and submit it with the application and all other required materials.

REMINDER: Applicants should read the [instructions](#) in their entirety before completing the application.

Should you encounter any problems completing the application form online, please contact us with questions or feedback. We encourage users to contact us by [email](#), or by contacting the number listed on the application.

Scroll down to Begin



DISTRICT OF COLUMBIA
Department of Insurance, Securities and Banking
Banking Bureau

Personal Financial Report And Biographical Information

Telephone: (202) 727-8000 Fax: (202) 535-1197 Email: BankingBureau@DC.gov Internet: <http://www.disb.dc.gov/>

CONFIDENTIAL
PERSONAL FINANCIAL REPORT
Section I

I, _____ of _____
(Name) (Business Address)
submit herewith the following information and a correct and complete statement of my financial
condition as of _____ to the Department of Insurance, Securities and Banking for its
(Date)
confidential use with regard to an application, in connection with _____ .
(Name of Applicant)

An answer to each item is required. If the answer is no, none, not applicable, or unknown, so state. If additional space is needed, attach a separate schedule. All such schedules must be signed and dated.

ASSETS

LIABILITIES

1. Cash on hand and in banks _____	9. Accounts payable _____
2. Notes, loans and other accounts receivable considered good and collectible _____	10. Notes payable to banks -- from Schedule D _____
3. Merchandise and inventory -- at lower of cost or market value _____	11. Notes payable to others -- from Schedule E _____
4. Real Estate -- from Schedule A _____	12. Real estate mortgages -- from Schedule F _____
5. Machinery and equipment -- at cost less depreciation _____	13. Interest and taxes due and unpaid -- from Schedule G _____
6. Marketable securities -- from Schedule B _____	14. Other debts and liabilities -- from Schedule H _____
7. Life insurance -- cash surrender value (face amount \$ _____)	
8. Other assets -- from Schedule C _____	TOTAL LIABILITIES \$ _____
	NET WORTH \$ _____
TOTAL ASSETS \$ _____	TOTAL LIABILITIES AND NET WORTH \$ _____

NOTE: Notes, accounts receivable, mortgages, and other assets considered doubtful, and not included in the above financial statement have an estimated value of \$ _____.



DISTRICT OF COLUMBIA
Department of Insurance, Securities and Banking
Banking Bureau

Personal Financial Report And Biographical Information

Telephone: (202) 727-8000 Fax: (202) 535-1197 Email: BankingBureau@DC.gov Internet: <http://www.disb.dc.gov/>

CONTINGENT LIABILITIES

In addition to the debts and liabilities listed above, I have endorsed, guaranteed, or am otherwise indirectly or contingently liable for other debts as follows:

Name and Address of Debtor or Obligor	Name and Address of Creditor or Obligor	Description of Collateral	Value of Collateral	Date Obligation Incurred	Due	Current Amount
			\$			\$
TOTAL						\$

STATEMENT OF INCOME

	3 years previous	2 years previous	Previous Year	Current Year
Salaries, wages, and commissions from employment				
Income from dividends and interest				
Net income from rents, royalties, and investments				
Other income				
TOTAL INCOME				
Taxes (federal and state income taxes)				
NET INCOME (after taxes)				

SUPPORTING SCHEDULES

Schedules set forth on this page must agree in total with the appropriate item contained in the Financial Statement on page 1 of this report.

Schedule A – Real Estate Owned

Description and Location	Title in Whose Name	Date Acquired	Percentage of Your Interest	Cost of Your Interest	Current Market Value
CARRIED FORWARD TO ITEM 4, PAGE 2					TOTAL
					\$



DISTRICT OF COLUMBIA
Department of Insurance, Securities and Banking
Banking Bureau

Personal Financial Report And Biographical Information

Telephone: (202) 727-8000 Fax: (202) 535-1197 Email: BankingBureau@DC.gov Internet: <http://www.disb.dc.gov/>

Schedule B – Marketable Securities

Description	Amount	Description	Amount
	\$		\$
CARRIED FORWARD TO ITEM 6, PAGE 2		TOTAL	\$

Schedule C – Other Assets

Description	Basis for Valuation	Value
		\$
CARRIED TO ITEM 8, PAGE 2	TOTAL	\$

Schedule D – Notes Payable to Banks

Name of Creditor	Security	Date Due	Amount
			\$
CARRIED TO ITEM 10, PAGE 2	TOTAL		\$

Schedule E – Notes Payable to Others

Name of Creditor	Security	Date Due	Amount
			\$
CARRIED TO ITEM 11, PAGE 2	TOTAL		\$

Schedule F – Real Estate Mortgages Payable

Name of Creditor	Security	Date Due	Amount
			\$
CARRIED TO ITEM 12, PAGE 2	TOTAL		\$

Schedule G – Interest & Taxes Due & Unpaid

Description	Payable To	Date Due	Amount
			\$
CARRIED TO ITEM 13, PAGE 2	TOTAL		\$

Schedule H – Other Debts and Liabilities

Description	Date Due	Amount
		\$
CARRIED TO ITEM 14, PAGE 2	TOTAL	\$



DISTRICT OF COLUMBIA
Department of Insurance, Securities and Banking
Banking Bureau

Personal Financial Report And Biographical Information

Telephone: (202) 727-8000 Fax: (202) 535-1197 Email: BankingBureau@DC.gov Internet: <http://www.disb.dc.gov/>

CONFIDENTIAL
BIOGRAPHICAL INFORMATION
Section II

Name: _____

Other Names Used in Place of Given Name: _____

Date of Birth: _____ Place of Birth: _____ Citizenship: _____

Social Security Number: _____

Residential Address: _____

Length of Residence in Community: _____

Marital Status: _____ Spouse's Name: _____

Spouse's Date of Birth: _____ Spouse's Social Security Number: _____

List Civic, Professional, Social, or Other Organizations in Which You Have Membership:

Resume of Education: _____

EMPLOYMENT RECORD
(Include Employment for Last 7 Years)

Date		Name, Location, and Type of Business	Position Held and Nature of Duties
From	To		

Discharges and Requested Resignations:

List each employment from which you have been discharged or fired for any reason, or from which you have resigned or quit after being requested to do so by your employer or after having been informed by your employer of an intention to discharge you.

Name and Address of Employer	Date of Discharge or Resignation	Reason or Explanation



DISTRICT OF COLUMBIA
Department of Insurance, Securities and Banking
Banking Bureau

Personal Financial Report And Biographical Information

Telephone: (202) 727-8000 Fax: (202) 535-1197 Email: BankingBureau@DC.gov Internet: <http://www.disb.dc.gov/>

BANKRUPTCIES

List all proceedings in bankruptcy or receivership, assignments for the benefit of creditors, and other similar proceedings for which you are or were the subject. Include those for which the subject was a corporation (or other similar business organization) in which you have a ten percent or more equity ownership interest, or in which you are an executive officer and/or director.

Title and Nature of Proceeding	Date	Name and Address of Court	Disposition (Outcome)

JUDGMENTS

List all civil or administrative judgments or orders issued against you or any corporation or other similar business organization in which you hold or held a ten percent or more equity ownership interest, or in which you are or were an executive officer or director, by any federal or state court or by any department, agency, or commission of the U.S. government or any state or municipality, or any foreign government or government entity. Furnish copies of all such judgments, orders, opinions, reports of investigations, etc. This information must be supplied for the past seven years.

Title and Nature of Judgment	Date	Name and Address of Court Where Judgment Entered	Name and Address of Holder of Judgment	Amount

OFFENSES

Arrests and Trials: List each charge or indictment against you or any business or similar organization of yours, each arrest by any law enforcement agency, and each trial, whether or not convicted, in connection with any crime or other offense, other than minor traffic violations. A "business or similar organization of yours" means one in which you now hold or held a ten percent or more equity ownership interest or held a policy making position in senior management.

Reason Charged or Tried	Name of Charging or Arresting Authority	Name of Court Where Tried	Date and Place (Include city and state where charge/arrest/trial took place)	Date and Disposition (Outcome)



DISTRICT OF COLUMBIA
Department of Insurance, Securities and Banking
Banking Bureau

Personal Financial Report And Biographical Information

Telephone: (202) 727-8000 Fax: (202) 535-1197 Email: BankingBureau@DC.gov Internet: <http://www.disb.dc.gov/>

SUPERVISORY ACTIONS, AGREEMENTS, AND RELATIONSHIPS

If the answer to any of the questions below is "Yes," attach a statement giving a clear understanding of the actions, agreements, or relationships.	YES	NO
1. Are you now or have you ever been an officer or director of any financial institution including a commercial bank, savings bank, trust company, savings and loan association, credit union, or mortgage company, with respect to which there has been a change in status through closing, reorganization, merger, or any other action as a result of state or federal supervisory action?	<input type="checkbox"/>	<input type="checkbox"/>
2. Has your employment as an officer or director of any such institution been changed or terminated as a result of state or federal supervisory action?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are there any past or ongoing, formal or informal investigations, examinations or administrative proceedings conducted by any department, agency or commission of the United States or any state or municipality, or any foreign government or governmental entity, or any agreements, undertakings or consents entered into with any of the foregoing, involving you (or controlling persons of the applicant, or affiliates or companies controlled by the applicant, or controlled by controlling persons of the applicant)?	<input type="checkbox"/>	<input type="checkbox"/>

FINANCIAL INSTITUTION RELEASE

Provide the information requested for the banks, savings and loan associations, and any other financial institutions with whom you have had account relationships during the past five years.

Account #	Active/Closed	Name of Bank	Address	City and State	Zip

I hereby agree that any of the referred financial institutions may release the information requested by the Department of Insurance, Securities and Banking.

Signature

Date



DISTRICT OF COLUMBIA
Department of Insurance, Securities and Banking
Banking Bureau

Personal Financial Report And Biographical Information

Telephone: (202) 727-8000 Fax: (202) 535-1197 Email: BankingBureau@DC.gov Internet: <http://www.disb.dc.gov/>

BUSINESS AFFILIATIONS

List all firms, corporations or other business organizations for which you are presently a director, officer, employee, partner, or owner with an interest of 10 percent or more of the equity in the organization.

Name of Business	Location	Type of Business	Position Held

CERTIFICATE

“I HEREBY CERTIFY THAT THE FOREGOING INFORMATION AND STATEMENT OF FINANCIAL CONDITION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF AND THAT SAID INFORMATION AND STATEMENT OF FINANCIAL CONDITION ARE SUBMITTED VOLUNTARILY BY ME TO THE DC DEPARTMENT OF INSURANCE, SECURITIES AND BANKING FOR ITS CONFIDENTIAL USE.”

Signature of Applicant

Date:

Signature of Spouse
(required if assets or liabilities are held jointly)

Note: Submit *original signatures* on financial reports to the Department of Insurance, Securities and Banking.

ADDENDUM
PERSONAL FINANCIAL REPORT AND BIOGRAPHICAL INFORMATION FORM
Non-U.S. Citizen Supplemental Information

If you are **NOT** a United States citizen, please provide the following:

1. Name: _____
2. Visa Type and Number: _____
3. Passport Type and Number: _____
4. National or Alien Identification Number(s): _____
5. Other Identification Number(s) (Please indicate the type of identification numbers listed): _____

If you are exempt from holding a visa, please explain why _____

6. Mother's maiden name: _____

Instructions for foreign language documents:

Any documents that are prepared in a language other than English must be translated and certified by the translator to be true and accurate. Translations must be certified in accordance with the provisions of Section 26-551.11(e), District of Columbia Official Code, to be admissible in a court of law in the District of Columbia.

If the applicant or individual is unable to secure certified statements from the home country government, a statement from the government attesting that it will not issue certificates or sworn statements must be submitted. However, if such a statement is not available from the home country government, a certification from the United States Embassy Secretary or Consular Agent attesting that the home country government does not or will not issue certifications or sworn statements is required.

A United States Embassy Secretary or Consular Agent in the foreign country must certify each final copy and statement to be submitted with this application.