



4. Name of cooperative, condominium, homeowners association, senior residence or timeshare which gave rise to this filing.

Address of same \_\_\_\_\_

5. The offering or selling will take place in:

- New York State only.
- New York and other states: specify \_\_\_\_\_

6. The offering will be made by:

- officers, directors, members, managers, and employees of registrant.
- selling agent. If so, give name(s) and address(es): \_\_\_\_\_

7. Has registrant, any officer, director, member, principal, partner, or manager ever:

- A. been suspended or expelled from membership in any securities exchange, association of securities dealers or investment advisers or counsel? ..... Yes  No
- B. had a license or registration as a dealer, broker, investment adviser or salesperson denied, suspended or revoked? ..... Yes  No
- C. been enjoined or restrained by any court or agency including the NYS Department of Law from:
  - 1. the issuance, sale or offer for sale of securities? ..... Yes  No
  - 2. rendering securities advice or counsel? ..... Yes  No
  - 3. handling or managing trading accounts? ..... Yes  No
  - 4. continuing any practices in connection with securities? ..... Yes  No
- D. Entered into an Assurance of Discontinuance with the NYS Department of Law whereby that person agreed not to issue, sell or offer for sale securities, or act as a broker or dealer, directly or indirectly of ..... Yes  No
- E. been convicted of any crime? ..... Yes  No
- F. used or been known by any other name? If "Yes," give other name(s)..... Yes  No
- G. been the subject of any professional disciplinary proceeding? ..... Yes  No
- H. Filed for bankruptcy  been adjudged a bankrupt or made a general assignment for the benefit of creditors or been an officer, director, member, principal, manager or any entity which was reorganized in bankruptcy, adjudged a bankrupt or made a general assignment for the benefit of creditors? ..... Yes  No
- I. had an offering or selling of securities within the last three years or been an officer, director, principal, member, partner or manager of any entity which had sold or offered securities within the last three years? ..... Yes  No

**If any answer to any of the above (Question 7) is "Yes," attach statement of full particulars, giving date, nature of offense, title and location of agency or court involved, circumstances and final disposition.**

8. List names and residence addresses of all securities salespersons (if none, so indicate).

\_\_\_\_\_  
\_\_\_\_\_

9. Provide the following information for each proprietor, officer, director, member, principal, partner or manager. Attach continuation sheets if more space is needed. **All fields must be completed, or form will be deemed incomplete.**

A. Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Place of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Social Security No.: \_\_\_\_\_  
*For foreign applicants without a social security number, provide one of the following:*  
 Individual Taxpayer Identification Number: \_\_\_\_\_  
 Passport Number: \_\_\_\_\_ (Annex photocopy hereto)  
 Other home addresses for past ten years:

Complete employment and and business affiliation record for the past five years. Include periods of self-employment and unemployment. Include all corporations, partnerships, limited liability companies or other entities where person holds or held a substantial equity or controlling interest.

From Mo. Yr.	To Mo. Yr.	Employer or Business Affiliation Name Address	Position Held

B. Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Place of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Social Security No.: \_\_\_\_\_  
*For foreign applicants without a social security number, provide one of the following:*  
 Individual Taxpayer Identification Number: \_\_\_\_\_  
 Passport Number: \_\_\_\_\_ (Annex photocopy hereto)  
 Other home addresses for past ten years:

Complete employment and and business affiliation record for the past five years. Include periods of self-employment and unemployment. Include all corporations, partnerships, limited liability companies or other entities where person holds or held a substantial equity or controlling interest.

From Mo. Yr.	To Mo. Yr.	Employer or Business Affiliation Name Address	Position Held

10. The undersigned constitute all proprietors, officers, directors, members, principals, partners or managers of the registrant. Each hereby represents that all statements contained herein are true and correct and understands that any false statement shall constitute a violation of Article 23-A of the General Business Law.

**Signatures must be dated, or form will be deemed incomplete.**

<u>Signature</u>	<u>Name and Title (Please type or print)</u>	<u>Date</u>
_____	_____	_____
_____	_____	_____
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