MISSISSIPPI MORTGAGE CONSUMER PROTECTION LAW

CONTACT LIST/EMPLOYEE INFORMATION AUTHORIZATION FORM

I hereby authorize the Department of Banking and Consumer Finance to obtain information from outside sources for each person, executive officer and employee of this Mortgage Broker, Mortgage Lender, or Correspondent Lender institution. This information is any the department deems necessary regarding personal credit, employment status/history, financial condition, legal status/history and personal and/or professional background, including a criminal background check, in order to determine eligibility.

_____
Signature

_____ _____
Name (Please Print) Title

State _____

County _____

Personally appeared before me, the undersigned authority in and for the jurisdiction aforesaid, the within named _____, who after first being by me duly sworn, states on oath that the statements contained in the foregoing application and all supporting documents are true and complete answers to each of the questions contained therein.

Sworn to and subscribed before me the undersigned notary on this the _____ day of _____, _____.

Notary Public _____

(Notary Seal)

My Commission expires:_____