



## BancMac CLIENT APPLICATION

### Financial Institution Information

FDIC# \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Holding Corp \_\_\_\_\_

Key contact \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_ Web www. \_\_\_\_\_

Company NMLS# \_\_\_\_\_ Company Tax ID # \_\_\_\_\_

Type of Business Channel/Partnership Options:  
Correspondent  Wholesale  Wholesale Elite

### Senior Officers for Financial Institution

**Attach recent resume or brief outline of banking and/or lending experience**

1. Name & NMLS # \_\_\_\_\_  
Title \_\_\_\_\_  
E-mail \_\_\_\_\_  
Office/Branch \_\_\_\_\_

2. Name & NMLS # \_\_\_\_\_  
Title \_\_\_\_\_  
E-Mail \_\_\_\_\_  
Office/Branch \_\_\_\_\_

**Loan Originators/Processors -- attach additional pages if needed**

Attach recent resume or brief outline of banking and/or lending experience

1. Name & NMLS # \_\_\_\_\_  
Title \_\_\_\_\_  
E-Mail \_\_\_\_\_  
Office/Branch \_\_\_\_\_
  
2. Name & NMLS # \_\_\_\_\_  
Title \_\_\_\_\_  
E-Mail \_\_\_\_\_  
Office/Branch \_\_\_\_\_
  
3. Name & NMLS # \_\_\_\_\_  
Title \_\_\_\_\_  
E-Mail \_\_\_\_\_  
Office/Branch \_\_\_\_\_
  
4. Name & NMLS # \_\_\_\_\_  
Title \_\_\_\_\_  
E-Mail \_\_\_\_\_  
Office/Branch \_\_\_\_\_
  
5. Name & NMLS # \_\_\_\_\_  
Title \_\_\_\_\_  
E-Mail \_\_\_\_\_  
Office/Branch \_\_\_\_\_

**Appraisers -  
Provide 3 appraisers per market area. Appraiser Selection form [attached].**

Please include appraiser qualifications/resume, copy of license, and copy of current Errors & Omissions Insurance.

**Title Companies Utilized - Title Companies Utilized form [attached].**

Please provide company information on the title companies you utilize.

## Financial Institution Profile

1. Which of the following does your organization have a membership in?  
 FHLBB  FSLIC  BIF  SAIF  NCUSIF  FDIC  N/A

2. How is institution chartered?  
 State  Federal

3. What market area(s) does your institution serve?

---

---

---

4. Has your organization ever been rejected, suspended, or terminated by FHA, VA, FNMA, FHLMC, a private mortgage insurer, wholesaler, or other loan investors? Has your organization or any employee of your organization ever been excluded from participating in transactions involving Freddie Mac, either directly or indirectly (i.e., placed on ANY Exclusionary list)?  
Yes  No  If Yes, please attach letter of explanation.

5. Has your institution ever been under or subject to any FDIC enforcement decisions, orders, and/or consent decrees?  
Yes  No  If Yes, please attach letter of explanation.

6. (Correspondent Only) If your state is a "Deed of Trust" state, Provide your Institutions Trustees Name and Address:

|  |
|--|
|  |
|  |
|  |
|  |

7. (Correspondent Only) Please provide your Institutions Wiring Instructions:

Beneficiary's Financial Institution:

ABA # \_\_\_\_\_ Name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Beneficiary's Further Credit: if applicable

ABA # \_\_\_\_\_ Name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Final Credit/Beneficiary Information:

Account # \_\_\_\_\_ Name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Certifications**

Disclose whether any of the principal officers, loan/lending officers, directors, partners, or owners of a 5% or more interest of the financial institution:

- Have been convicted of a crime or named in a pending criminal proceeding (excluding traffic violations and other minor offenses);
- Have been subject to an order, judgments, or decree enjoining him or her from engaging in any activities in connection with any type of business transaction (including the purchase or sale of a security) or acting as (or as an associated or affiliated person of) an investment advisor, underwriter, broker, dealer, financial institution, or any other business; or
- Have been employed by an institution within two years of its debarment by the Department of Housing and Urban Development.

Please attach letter listing claims or lawsuits in process, threatened or pending litigation, and/or any other contingent liabilities. Include present status and your opinion as to probable ultimate liability and adequacy of insurance coverage.

**Affirmation**

I affirm that all answers and information submitted in this application are true and correct. I hereby authorize BancMac, at its discretion, to verify the information with any other sources, and I hereby waive any cause of action or claim I may have against such sources with respect to any information they may provide.

Client: \_\_\_\_\_

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

Printed Name: \_\_\_\_\_

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

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

## Appraiser Selection

Please complete the following form and return to Community Banc Mortgage Corp.

|                                |  |
|--------------------------------|--|
| Lender: Company Name           |  |
| Address                        |  |
| City, State, Zip               |  |
| Phone Number                   |  |
| Fax Number                     |  |
| Primary Contact E-mail Address |  |

### Appraiser Rotation:

|                   |  |
|-------------------|--|
| Appraiser         |  |
| Company Name      |  |
| Address           |  |
| City, State, Zip  |  |
| Phone Number      |  |
| Cell Phone Number |  |
| Fax Number        |  |
| E-mail Address    |  |

License     Resume w/ References     Errors/Omissions Insurance

|                   |  |
|-------------------|--|
| Appraiser         |  |
| Company Name      |  |
| Address           |  |
| City, State, Zip  |  |
| Phone Number      |  |
| Cell Phone Number |  |
| Fax Number        |  |
| E-mail Address    |  |

License     Resume w/ References     Errors/Omissions Insurance

|                   |  |
|-------------------|--|
| Appraiser         |  |
| Company Name      |  |
| Address           |  |
| City, State, Zip  |  |
| Phone Number      |  |
| Cell Phone Number |  |
| Fax Number        |  |
| E-mail Address    |  |

License     Resume w/ References     Errors/Omissions Insurance

## Title Companies Utilized

|                 |  |
|-----------------|--|
| Title Company:  |  |
| Address:        |  |
| City/State/Zip: |  |
| License Number: |  |
| Contact:        |  |
| Email:          |  |
| Phone Number:   |  |

|                 |  |
|-----------------|--|
| Title Company:  |  |
| Address:        |  |
| City/State/Zip: |  |
| License Number: |  |
| Contact:        |  |
| Email:          |  |
| Phone Number:   |  |

|                 |  |
|-----------------|--|
| Title Company:  |  |
| Address:        |  |
| City/State/Zip: |  |
| License Number: |  |
| Contact:        |  |
| Email:          |  |
| Phone Number:   |  |