



USA PATRIOT Act Notice

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT OR ESTABLISHING A NEW CUSTOMER RELATIONSHIP

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all U.S. financial institutions to obtain, verify, and record information that identifies each individual or entity that opens an account or establishes a customer relationship with GBC International Bank.

What this means: If you enter into a new customer relationship with GBC International Bank, we will ask for your name, address, date of birth and other identification information. This information will be used to verify your identity. We will also ask to see your driver's license or other identifying documents; copy or record the information. As appropriate, we may, at our discretion, ask for additional documentation or information. If all required documentation or information is not provided, GBC International Bank may be unable to open an account or establish a relationship with you.

GBC INTERNATIONAL BANK PERSONAL FINANCIAL STATEMENT

Name: _____

Address: _____

Zip Code _____

INITIAL AS APPLICABLE - Applicant is applying for this loan:

Applicant without a co-signer or guaranty of a relative or other person(s). Note: California applicants, if married, may apply for a separate account.

Co-Applicant with the co-signature or guaranty of one or more person(s). (including any existing guarantors)

NAMES OF OTHER PERSON(S) AND/OR ENTITY(IES) _____

PLEASE INDICATE OR PROVIDE EXPLANATION RELATING TO ANY ASSETS OWNED JOINTLY OR BY A TRUST OR LIABILITIES OWED WITH OTHERS. (ATTACH SCHEDULES AND EXPLANATORY NOTES IF NECESSARY).

STATEMENT OF FINANCIAL CONDITION OF _____

AS OF: _____

ASSETS		AMOUNT	LIABILITIES		AMOUNT
Cash	SCHEDULE A In This Institution		Notes & Loans Payable [Other than Real Estate]	SCHEDULE H Notes Payable to Banks	\$ -
	Other Banks or Savings & Loans	\$ -		Notes & Loans Payable (Other)	
Stocks & Bonds	SCHEDULE B Marketable Securities	\$ -	Insurance Loans	SCHEDULE C	
	Others				
Tax	Tax Refund Due		Taxes Owed		
Insurance	SCHEDULE C Cash Value	\$ -	Accounts & Bills Payable	SCHEDULE E Bank Cards	
Accounts & Notes Receivable	SCHEDULE D Cash Value	\$ -		Open & Revolving Accounts	\$ -
			Other		
Real Estate	SCHEDULE F Residence(s)	\$ -	Real Estate Notes & Contracts Payable	SCHEDULE F Residence(s)	\$ -
	Unimproved Land			Unimproved Land	
	Income Property(ies)	\$ -		Income Property(ies)	\$ -
	Other			Other	
Other Assets	SCHEDULE G Other Assets & Personal Property	\$ -	Other Liabilities	SCHEDULE I	\$ -
TOTAL ASSETS		\$ -	TOTAL LIABILITIES		\$ -

RECAP OF INCOME & EXPENSES

* See notice below before completing Other Income.

NET WORTH	(DIFFERENCE BETWEEN TOTAL ASSETS & TOTAL LIABILITIES)	\$ -
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ANNUAL INCOME FOR YEAR _____		ANNUAL EXPENSES FOR YEAR _____		CONTINGENT LIABILITIES	
Salary or Wages		Property Tax & Assessments		As Endorser of Notes/Contracts	
Dividends or Interest		Fed & Sate Income Tax		As Guarantor on Notes/Contracts	
Rentals (Gross Income)		Real Estate Loan Payments		For Taxes	
Business (Net Income)		Payments on Contracts / Notes		Other (Describe)	
Other Income (Describe) *		Estimated Living Expenses			
		Other:			
TOTAL INCOME		TOTAL EXPENSES			

* Alimony, child support or separate maintenance payment income need not be revealed if you do not wish to have it considered as a basis of repaying this obligation.

Schedule A: LOCATION AND STATUS OF BANK ACCOUNTS								
Check	Savings	TCD	Bank Name & Branch	Balance	Interest Rate Earned?	Date CD Matures	Pledged to bank?	Loan Balance
[]	[]	[]						
[]	[]	[]						
[]	[]	[]						
[]	[]	[]						
[]	[]	[]						
Total Balance:								

Applicant without a co-signer or guaranty of a relative or other person(s). Note: California applicants, if married, may apply for a separate account.

Schedule B: STOCKS & BONDS (include interests in any closely held business)							
Name of Stock/Bond	Total Shares	Valuation Date	Value per share	Total Value	Registered in the name of:	Source of Valuation	Purchase on Margin or Pledged
Total:							

Schedule C: LIFE INSURANCE				
Insured	Primary Beneficiary	Face Amount	Actual Cash Value	Name of Insurance Company/Location
Total:				

Schedule D: ACCOUNTS & NOTES RECEIVABLE				
Owners	Due From	Collateral (if any)	How Payable (payment per month)	Balance Due
Total:				

Schedule E: ACCOUNTS & BILLS PAYABLE (Including Bank Card)					
Payable To	Account Number	Collateral (if any)	Person(s) liable	Balance Due	How Payable (payment per month)
Total:					

Schedule F:	REAL ESTATE				
	Property # 1	Property # 2	Property # 3	Property # 4	Total
Property Address					
City/State					
Property Type					
Owner(s)					
Owner(s)					
Owner(s)					
Date Acquired					
Cost					
Mortgage or Lien Holder					
Annual Taxes					
Monthly Income					
Monthly Loan Payment					
Loan Balance					
Present Value					

Schedule G:	OTHER ASSETS AND PERSONAL PROPERTY						
Automobiles	Cost	Rec. Vehicles and Boats	Value	Personal Property	Value	Subtotal	
Yr: ____ Make: _____		Yr: ____ Make: ____ Ft: ____					Autos:
Yr: ____ Make: _____		Yr: ____ Make: ____ Ft: ____					R/V's:
Yr: ____ Make: _____		Yr: ____ Make: ____ Ft: ____					Personal Property:
Yr: ____ Make: _____		Yr: ____ Make: ____ Ft: ____					
Subtotal Autos:		Subtotal R/V's:		Subtotal Personal Property:		Total-Other Assets:	

Schedule H:	NOTES AND LOANS PAYABLE TO BANKS AND OTHERS					
Payable to	Address	Collateral	Person Liabile	How Payable (per month)	Balance Due	
Total:						

Schedule I:	OTHER LIABILITIES			
Payable to	Person Liabile		How Payable (per month)	Balance Due
Total:				

If applicant resides in a community property state, please complete the following concerning marital status:

Applicant is: Married Separated Unmarried (Including single, divorced, and widowed)

APPLICANT	Social Security No.	Driver's License No.	Home Phone	Business Phone	
	Occupation	Name of Employer	No. of Years	Salary	
	Amount of alimony, child support and separate maintenance payment income. NOTE: Alimony, child support or separate maintenance payment income need not to be revealed if you do not wish to have it considered as a basis for repaying this obligation.				\$ _____
	Name and address of payor of any alimony, child support or separate maintenance payment income disclosed above as a source of repayment.				
	Alimony child support, separate maintenance received under: <input type="checkbox"/> Court Order <input type="checkbox"/> Written Agreement <input type="checkbox"/> Oral Agreement				
	Income (salary, pension, social security, dividends, interest, etc.)				
	Source: _____ \$ _____ per month				
	Have you ever borrowed from any other branch of this institution? Name: _____ Location: _____ Date: _____				
	Number of Dependents: _____ Ages: _____				
	Have you established a trust? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable				
Have you made a will? <input type="checkbox"/> Yes <input type="checkbox"/> No Name of personal representative: _____					
Have you guaranteed or endorsed the notes of any other person? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have any other contingent liabilities? _____					
Have any actions or suits been filed against you or any unsatisfied judgements or decrees entered against you, or have you been adjudged bankrupt in the last 14 years or made any assignments for creditors? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Have you been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Names of References:			Addresses:		
Co-Applicant's Full Name			Addresses		
CO-APPLICANT	Social Security No.	Driver's License No.	Home Phone	Business Phone	
	Occupation	Name of Employer	No. of Years	Salary	
	Amount of alimony, child support and separate maintenance payment income. NOTE: Alimony, child support or separate maintenance payment income need not to be revealed if you do not wish to have it considered as a basis for repaying this obligation.				\$ _____
	Name and address of payor of any alimony, child support or separate maintenance payment income disclosed above as a source of repayment:				
	Alimony child support, separate maintenance received under: <input type="checkbox"/> Court Order <input type="checkbox"/> Written Agreement <input type="checkbox"/> Oral Agreement				
	Income (salary, pension, social security, dividends, interest, etc.)				
	Source: _____ \$ _____ per month				
	Have you ever borrowed from any other branch of this institution? Name: _____ Location: _____ Date: _____				
	Number of Dependents: _____ Ages: _____				
	Have you established a trust? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable				
Have you made a will? <input type="checkbox"/> Yes <input type="checkbox"/> No Name of personal representative: _____					
Have you guaranteed or endorsed the notes of any other person? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have any other contingent liabilities? Y/N					
Have any actions or suits been filed against you or any unsatisfied judgements or decrees entered against you, or have you been adjudged bankrupt in the last 14 years or made any assignments for creditors? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Have you been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Names of References:			Addresses:		



Equal Credit Opportunity Act Notice

If your application for a business credit is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact Senior Vice President and Credit Manager, Hyonbo Sim, located at 5670 Wilshire Blvd., Suite 1780, Los Angeles, CA 90036, within 60 days from the date you are notified of our decision. The telephone number is (310) 826-4228. We will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement.

The federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); or because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this creditor is the Federal Deposit Insurance Corporation (FDIC) Consumer Response Center located at 1100 Walnut Street, Box #11, Kansas City, Missouri 64106.

ACKNOWLEDGMENT

I do hereby certify that I have read and do understand the Notices set forth above, and that I have been notified of my rights by the Lender.

(Applicant)

(Date)

(Co-Applicant)

(Date)