



**NC Commissioner of Banks**

Location: 316 W. Edenton Street, Raleigh, NC 27603  
Mailing Address: 4309 Mail Service Center, Raleigh, NC 27699-4309  
Telephone: 919/733-3016 Fax: 919/733-6918 Internet: www.nccob.org

**OATH OF DIRECTORS**

PLEASE USE TYPEWRITER OR ADOBE ACROBAT VERSION FROM NC COMMISSIONER OF BANKS WEB SITE

**STATE OF NORTH CAROLINA,**  
**County of**

I, the undersigned Director of \_\_\_\_\_ located at \_\_\_\_\_, in the State of North Carolina, do solemnly swear that I will diligently and honestly perform the duties of my office in accordance with the provisions of G.S. Sec. 53-81.

And I do further solemnly swear that I am the owner in good faith of shares of stock of the bank or parent corporation required by G.S. 53-80 to qualify me for such office. The amount of stock required by this section shall represent not less than one thousand dollars (\$1,000) book value as of the last business day of the calendar year immediately preceding my election or appointment. Book value means the total of common capital stock, unimpaired surplus, undivided profits, and reserves for contingencies, if any such reserves are segregations of capital, divided by the total number of shares of common stock outstanding. I understand that a subsequent decline in the book value of the stock may require that I purchase additional shares prior to my next election in order to meet the qualification requirements.

I do further solemnly swear that stock meeting the minimum requirements is held in my name and is not pledged or encumbered in any way. I understand that such stock may not be held in trust or in a broker's nominee name on my behalf, but may be jointly held provided I am shown as an owner of record on the institution's shareholders' list.

I do further solemnly swear that the information hereinafter listed is true and accurate.

\_\_\_\_\_  
Signature Date  
Name

**\* Directors who are also bank officers:** use bank address.  
**Outside directors:** use preferred address, home or bank.

Mailing Address \*  
City State Zip  
Telephone No. (Home) (Business)  
Number of Qualifying Shares Owned (Held in your name only - not encumbered) Total Number of Shares Owned (Include joint and beneficial ownership)

Principal Occupation

**Other Business Affiliations**  
**Indicate name of company, proprietorship or partnership; title or position held; and dates of affiliation**  
**Include all current and past affiliations (Use Reverse Side If Necessary)**

NAME	TITLE/POSITION	DATES (FROM - TO)

Sworn to and subscribed before me this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_  
\_\_\_\_\_  
Notary My Commission Expires \_\_\_\_\_  
\_\_\_\_\_  
County, N.C.

OTHER BUSINESS AFFILIATIONS

Indicate name of company, proprietorship or partnership; title or position held; and dates of affiliation  
Include all current and past affiliations

NAME	TITLE/POSITION	DATES (FROM - TO)
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