



BANK OF SAIPAN
CHALAN KANOA OFFICE

P.O. Box 690
Saipan, MP 96950
U.S.A.
(670) 235-4261-5
Fax (670) 235-1802
Telex 682-BANKSPN

TO: (name & address of employer)
OFFICE OF THE GOVERNOR

CAPITOL HILL

SAIPAN, MP 96950

Date: June 21, 1996

RE: "REQUEST FOR EMPLOYMENT INFORMATION"

Dear Employer:

I have applied for credit with Bank of Saipan and stated that I am employed by you. My signature authorizes verification of the information requested below.

Regards,

(name and address of applicant)

Jose P. Cruz

San Jose Village

Tinian MP 96952

Social Security # 586-10-8160

(Signature of Applicant)

1. Is applicant currently employed? X Yes No

2. Total time employed. Yrs Mo

3. Employment contract expiration date (if it applies to this applicant) _____

4. Position or job title. Administrative Officer

5. Gross monthly income. (if commissions are involved, explain method of computation and % of the gross income they represent) \$ 2,632.30

6. Total deductions, including credit union payments. \$ _____

7. Work satisfactory? If yes, and presently employed by you, are prospect of employment permanent? Yes No
 Yes No

8. Any other information which can assist us in passing credit: _____

Serman J. Guerrero
Signature of employer representative

Executive Assistant *6/21/96*
Title Date
The M.