

Document Verification Request

Name _____
Street Address _____
City _____
State _____
Zip _____
Date of Birth _____

I authorize the U.S. Citizenship and Immigration Services to release information regarding my immigration status to Shinhan Bank America because I am applying for a U.S. Small Business Loan.

Lender Name Shinhan Bank America
Contact Person Koomin Chung
Street Address 211-11 Northern Blvd.
City, State and Zip Bayside, NY 11361
Phone 718-281-7825
FAX 718-224-6416

Signature

Date