

ACTIVITY DESKS PROGRAM  
DCCA/PVL Licensing Branch  
P.O. Box 3469  
Honolulu, Hawaii 96801

## Confirmation of Client Trust Account and Signatory

This verification form is to designate and confirm the existence of the activity desks' client trust account, number and signatory.

**To the Applicant:** Please print legibly and have the information verified by a representative of the financial institution. Attach this form to your application or the financial institution may send directly to the Activity Desk Program.

Name of Applicant (Sole owner or name of corporation, partnership, LLC or LLP):

---

Client Trust Account No.: \_\_\_\_\_

Signatory Name: \_\_\_\_\_

**To the Financial Institution:** Please confirm the existence of the activity desks' client trust account, number and signatory.

I hereby affirm that the above named applicant is the owner of the client trust account and the signatory is an authorized signer on the aforementioned account.

---

Authorized Signature

---

Date

---

Title

Name and Address of Financial Institution:

---

---

---

---