

Applicant: _____
 (Complete legal name under which tax returns are filed. If married, Applicant may apply for a separate account.)

Credit decisions are subject to a complete application, verification of information, and creditworthiness. To expedite processing of your request, please ensure that this application has been completely filled out and that any additional documents are attached.

Please Tell Us About Your Credit Request

Business Credit Required <input type="checkbox"/> Loan <input type="checkbox"/> Line of Credit <input type="checkbox"/> Increase Existing Line Acct. # _____ Amount Required \$ _____	Term Requested <input type="checkbox"/> 1 Year <input type="checkbox"/> 2 Years <input type="checkbox"/> 3 Years <input type="checkbox"/> 4 Years <input type="checkbox"/> 5 Years <input type="checkbox"/> 6 Years <input type="checkbox"/> 7 Years <input type="checkbox"/> Other _____	Purpose of Line/Loan <input type="checkbox"/> Refinance <input type="checkbox"/> Property Purchase <input type="checkbox"/> Working Capital <input type="checkbox"/> Business/Equipment Purchase <input type="checkbox"/> Business Expansion <input type="checkbox"/> Other _____	Business Loans <input type="checkbox"/> Have you been in business for 2 years or more? <input type="checkbox"/> Has your business been profitable for the last 2 years? <input type="checkbox"/> Does your business have a satisfactory credit history? <input type="checkbox"/> Do you have a satisfactory personal credit history? Please check your legal status below: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> U.S. Resident Alien # _____ <input type="checkbox"/> Other: _____
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If Property Purchase/Refinance: Purchase Price/Refinance Amount: \$ _____ Cash Down: \$ _____

If Business Purchase: Purchase Price: \$ _____ Cash Down: \$ _____ Owner Carry: \$ _____

Please Tell Us About Your Business

Complete Legal Name (under which tax returns are filed)	Doing Business As	Federal Tax ID
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This application is from a(n): <input type="checkbox"/> Business <input type="checkbox"/> Individual <input type="checkbox"/> Trust	Applying as the: <input type="checkbox"/> Borrower <input type="checkbox"/> Co-Borrower <input type="checkbox"/> Guarantor
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Co-Applicant(s) (If any)	Proposed Guarantor(s) (If any)
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Business Entity Type (Check One)			
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> S Corporation	<input type="checkbox"/> Nonprofit Organization
<input type="checkbox"/> General Partnership	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Corporation	<input type="checkbox"/> Other

Industry Type (Check One)			
<input type="checkbox"/> Contractor	<input type="checkbox"/> Manufacturer	<input type="checkbox"/> Real Estate	<input type="checkbox"/> Consumer Service
<input type="checkbox"/> Media	<input type="checkbox"/> Wholesale	<input type="checkbox"/> Financial Services	<input type="checkbox"/> Hotel/Motel
<input type="checkbox"/> High Tech	<input type="checkbox"/> Retail	<input type="checkbox"/> Health Care	<input type="checkbox"/> Other

Business Street Address	City	State	ZIP
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Previous Business Street Address (If less than 3 years from now)	City	State	ZIP
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Mailing Address, if different	City	State	ZIP
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Business Phone #	Fax #	Type of Business	Date of Establishment
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Business Contact Name	Title/Position	Phone #	Under Current Management Since
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Last Year's Annual Gross Sales/Revenues	Last Year's Annual Profit	# of Employees
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Within the past seven years:
 Has company or any principal owner or guarantor ever declared bankruptcy? If yes, when (month/year):
 Has company or any principal owner or guarantor ever defaulted on a loan? If yes, when (month/year):
 Does the applicant owe any taxes that are past due? If yes, explain:
 Is applicant a party to a claim or lawsuit? If yes, explain:

Please Tell Us About Your Banking Relationships

Hanmi Bank Customer since:	Checking Account #	Average Balance \$	Savings/Investment Average
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Other Business Accounts - Name of Financial Institution	Does the company have any other credit applications pending with Hanmi Bank or elsewhere?
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Provide Details of Your Credit Relationships

Name of Creditor	Type of Loan	Original Amount	Balance Owing *	Monthly payment	Note Date	Maturity Date
		\$	\$	\$	/ /	/ /
		\$	\$	\$	/ /	/ /
		\$	\$	\$	/ /	/ /
		\$	\$	\$	/ /	/ /
		\$	\$	\$	/ /	/ /

Please Tell Us About Who Owns Your Business
(All owners and percentage of ownership must be listed. Attach a separate sheet if necessary.)

Applicant	(check one) <input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	First Name	Middle Initial	Last Name	Title	% of Ownership
	Drivers License or Other ID/Issuing Entity	Issuance Date	Expiration Date	Social Security # (for applicant)	Date of Birth	
Residence Street Address				Phone #	<input type="checkbox"/> Own <input type="checkbox"/> Rent # of Yrs. _____	
City		State	Zip	Personal Accounts-Name of Bank or Financial Institution		
Checking Account # <small>Acct. #</small>	Average Balance \$	Savings or Investment <small>Acct. #</small>	Average Balance \$	Retirement Plans <small>Acct. #</small>	Average Balance \$	
Total Personal Assets (Include cash, marketable securities, real estate and other assets. Exclude value of business owned.) \$		Total Personal Liabilities (Include revolving debt, installment loans, mortgages and other liabilities, exclude business debt.) \$		Personal Net Worth \$		
Principal's Salary <input type="checkbox"/> Monthly <input type="checkbox"/> Gross <input type="checkbox"/> Annual <input type="checkbox"/> Net \$		Principal's Other Salary <input type="checkbox"/> Monthly <input type="checkbox"/> Gross <input type="checkbox"/> Annual <input type="checkbox"/> Net \$		Principal's Housing Payment (Monthly) \$		
Co-Applicant (if Applicable)	(check one) <input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	First Name	Middle Initial	Last Name	Title	% of Ownership
	Drivers License or Other ID/Issuing Entity	Issuance Date	Expiration Date	Social Security # (for applicant)	Date of Birth	
Residence Street Address				Phone #	<input type="checkbox"/> Own <input type="checkbox"/> Rent # of Yrs. _____	
City		State	Zip	Personal Accounts-Name of Bank or Financial Institution		
Checking Account # <small>Acct. #</small>	Average Balance \$	Savings or Investment <small>Acct. #</small>	Average Balance \$	Retirement Plans <small>Acct. #</small>	Average Balance \$	
Total Personal Assets (Include cash, marketable securities, real estate and other assets. Exclude value of business owned.) \$		Total Personal Liabilities (Include revolving debt, installment loans, mortgages and other liabilities, exclude business debt.) \$		Personal Net Worth \$		
Principal's Salary <input type="checkbox"/> Monthly <input type="checkbox"/> Gross <input type="checkbox"/> Annual <input type="checkbox"/> Net \$		Principal's Other Salary <input type="checkbox"/> Monthly <input type="checkbox"/> Gross <input type="checkbox"/> Annual <input type="checkbox"/> Net \$		Principal's Housing Payment (Monthly) \$		

* Alimony, Child Support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.

Agreement

The applicant named above certifies that all information provided is complete, true, and correct and authorizes Hanmi Bank to obtain credit reports, including consumer credit reports to check the credit rating of the applicant. Applicant authorizes the reference indicated herein to release credit information to Hanmi Bank. Applicant authorizes Hanmi Bank to give information regarding the bank's experience with applicant to other persons, including credit reporting agencies, if this credit is granted.

REQUIRED SIGNERS: CORPORATION/LLC - UNLESS OTHERWISE DESIGNATED IN AN ATTACHED RESOLUTION, THE CHAIRMAN, PRESIDENT OR ANY VP **AND** THE SECRETARY, ASST. SEC., CHIEF FINANCIAL OFFICER OR ASST. TREAS.; PARTNERSHIP - ALL GENERAL PARTNERS; SOLE PROPRIETOR - THE OWNER; LIMITED LIABILITY CO. - UNLESS OTHERWISE DESIGNATED IN ATTACHED ARTICLES OR RESOLUTION, ALL MANAGERS OR (IF NONE) ANY MEMBER; TRUST - ALL TRUSTEES, PRINT NAME AND TITLE NEXT TO AUTHORIZED SIGNATURE.

SIGNATURE _____ PRINT NAME _____ TITLE _____ DATE _____

SIGNATURE _____ PRINT NAME _____ TITLE _____ DATE _____

Personal Guaranty

Agreement by Principal (20% or more) Owners. By signing below, each of you certifies that the information set forth in this application about you is complete and correct, authorizes the Bank to check your credit history and answer questions about its credit experience with you; and jointly and severally unconditionally guarantees the repayment of all obligations arising under any loans and lines of credit ("Loans") granted by the Bank to Applicant, as well as any extensions, increases, modifications or renewals of the Loans. You waive the following rights with respect to the Loans and this guarantee: presentment, demand, protest, and notice of protest, dishonor and nonpayment; to require Bank to pursue any remedy or proceed against Applicant, collateral or any other guarantor; notice of any change in the Applicant's financial condition or any additional indebtedness that it incurs; and any defense arising by reason of any defense of the Applicant or another guarantor. You agree that Bank may amend and extend Loans, and that it may release or substitute Loan Parties, guarantors or collateral without notice or your consent. Any current or future indebtedness of the Applicant to any of you shall be subordinated to the indebtedness of the Applicant to the Bank. You agree to pay our attorney's fees in enforcing this agreement.

SIGNATURE _____ PRINT NAME _____ TITLE _____ DATE _____

SIGNATURE _____ PRINT NAME _____ TITLE _____ DATE _____

Fair Credit Notice

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against 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 agreement); because all or part of the applicant's income is derived 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 Hanmi Bank is the Federal Reserve Consumer Help Center, P.O. Box 1200, Minneapolis, MN 55480.

FROM: _____

By signing below, you certify that the information presented is true and accurate. You authorize Hanmi Bank to obtain information about you from the IRS and other tax authorities, to check your credit and employment history from time to time, and to answer questions from others about our credit experience with you. You also authorize Hanmi Bank to obtain your residence address from the Department of Motor Vehicles and waive the confidentiality requirements of Vehicle Code Section 1808.21. You agree to notify Hanmi Bank immediately of any material change in your financial condition while you are a borrower or guarantor on any indebtedness to Hanmi Bank.

If married, you may apply for a separate account. You need not provide information about your spouse unless: (a) Your spouse will also be contractually liable for the account; or (b) you want the Bank to consider information about your spouse's income or other community property for the purpose of this application for credit; or (c) you live in California or another community property state.

The following information is a true and accurate statement of the FINANCIAL CONDITION ON _____, 20_____.

FILL ALL BLANKS WRITING "NO" OR "NONE" WHERE NECESSARY TO COMPLETE INFORMATION.
PLEASE ATTACH A SEPARATE SHEET IF YOU NEED MORE SPACE TO COMPLETE A DETAIL SCHEDULE.
LIST ALL AMOUNTS IN DOLLARS. OMIT CENTS.

ASSETS	AMOUNT	LIABILITIES	AMOUNT
Cash in Hanmi Bank (Checking)		Accounts Payable	
Cash in Hanmi Bank (Savings)		Notes Payable to Hanmi Bank	
Cash in Other Banks		Notes Payable to Others	
Accounts Receivable		Income Taxes Payable	
Notes Receivable (Attached Forms)		Other Taxes Payable	
Mortgages & Deeds of Trust Owned		Loans on Life Insurance	
Securities Owned		Mortgages or Liens on Real Estate (Schedule 2)	
Cash Surrender Value of Life Insurance		Installment Contracts Payable	
Real Estate (Schedule 1)		Equity Line of Credit	
Automobiles		Credit Card	
Personal Property		Other Liabilities (Detail)	
Other Assets (Detail)			
TOTAL ASSETS		TOTAL LIABILITIES	
		NET WORTH	
TOTAL		TOTAL	

ANNUAL INCOME	AMOUNT	ANNUAL EXPENDITURES	AMOUNT
Employment Income		Property Taxes / Assessments	
Dividends		Income and Other Taxes	
Interest		Mortgage Payments & Interest	
Rentals		Other Contract Payments	
Alimony, Child support or separate maintenance (You need not show this unless you wish us to consider it as a basis for repaying your obligations.)		Insurance	
		Living Expense	
Other		Alimony, child support / maintenance	
		Rent Expense for Residential	
		Other	
TOTAL INCOME		TOTAL EXPENDITURES	

Schedule 1 – Real Estate Owned (Show Mortgages or Liens in Schedule 2) (Attach a separate sheet if necessary)

Address and Type of Property	Title in name of	How Held Code*	Monthly Income	Cost	Present Market Value	Total Balance Owed (Detail in Schedule 2)
				Purchase Date		
				\$		
				Date		
				\$		
				Date		
				\$		
				Date		
				\$		
				Date		
				\$		
				Date		
				\$		
				Date		
				\$		
				Date		
				\$		
				Date		
				\$		
				Date		
TOTAL						

* How Held Codes	Community Property	Separate Property		
	"CP"	Single Ownership = "SO"	Joint Tenants = "JT"	Tenants in Common = "TIC"

Schedule 2 – Mortgages or Liens on Real Estate (Attach a separate sheet if necessary)

To Whom Payable	How Payable	Interest Rate	Maturity Date	Balance Owning
	\$ per			
	\$ per			
	\$ per			
	\$ per			
	\$ per			
	\$ per			
	\$ per			
	\$ per			
	\$ per			
	\$ per			

Bank Use Only				
Sales Officer's Name	Phone	Branch Name / Branch Code		Date
Loan Officer (Site Visit)	Manager	Resp. Code	Port #	NAICS Code
Class Code	Note #	Note Misc. Code		CRA Code
Small Business ID Code	CRA Loan Classification	Employee / Director Code		Foreign Country Code
OFAC Verified (Initial & Date)		CIP Verified (Initial & Date)		

Member FDIC