New Hampshire COMMUNITY LOAN FUND

New Contact (for organizational investment)

Investment Number(s): _____

☐ Add contact
☐ Remove contact

Name of new contact: _____
[Full Name]

*Street Address:*_____

*City, State:*_____ Zip Code: _____

Phone/Email: _____

☐ This person is authorized to sign investment documentation.

Name of contact to be removed: _____
[Full Name]

Printed Name: _____

_____
Signature *Date*

Printed Name: _____

_____
Signature *Date*

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Supporting documents required (if new contact is an authorized signatory): Please include a copy of the signatory resolution and/or a copy of board minutes documenting the nature of new contact's position.