



CERTIFICATION OF CLOSURE/APPLICATION FOR REIMBURSEMENT
PIF Due Diligence Fund

Date Submitted: _____

Investor Information

PIF Member Name: _____
Company: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
Cell: _____ E-mail: _____

Investment Information:

Name of Company: _____
Contact: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
Cell: _____ E-mail: _____

Industry: _____
Brief description of company: _____

Describe due diligence completed and findings (attach sheet for more)

Total investment by group \$ _____ (attach names and amounts invested)
Total investment made by PIF member: \$ _____ Type of investment: _____

I attest that I have not been reimbursed, in any way, by any other source for any due diligence on this company for which I submit receipts to PIF. I agree to refund PIF any amounts which are reimbursed submitted for which I am reimbursed.

Signature: _____ Date: _____

Note: Reimbursement is at the sole discretion of the PIF board. Reimbursement can be expected within 30 days after submission of application for reimbursement unless otherwise notified.

Submit to:
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www.privateinvestorsforum.com