ESCROW AGENTS' FIDELITY CORPORATION
STATUS NOTICE

( ) **TRANSFER** ***($10 FEE)*** ( ) **TERMINATION✱** *(NO FEE)* ( ) **STATUS CHANGE** *(NO FEE)*

✱*Send to <u>both</u> EAFC and the DFPI*

Date of Hire:_____ Date of Termination:_____ Date of Status Change:_____
(transfer and termination only) **(termination only)** **(status change only)**

( ) Full or Part-time Employee ( ) Temporary / Freelance individual

Full Legal Name:_____
First Middle Last
(If this is a change of name, please complete section below with your former name.)

Home Address:_____
Street Apt. # City State Zip Code
(If this is a new address, please complete section below with your former address.)

Mailing Address:_____

Cell/Home Phone: (____)_____ Certificate #:_____ Birth Date:_____
(if available)

Social Security #:_____ Driver's License/ID Card#: _____ State:_____

Company Name:_____ Telephone #:(____)_____

DFPI Main License #:963-_____ or 96DBO-_____ DFPI Branch License #:863-_____ or 96DBO-_____

Address Where Employed_____
Address Street Suite # City State Zip Code

Employee's Position(s):_____
Stockholder, Corporate Officer (Position), Director, Trustee, Manager, Escrow Officer, Escrow Secretary, Receptionist, etc.

Previous Employer:_____ Previous Employer's Telephone #:(____)_____

IF YOU ARE WORKING AT TWO OR MORE ESCROW COMPANIES AT ONE TIME, COMPLETE THE FOLLOWING:

Other Company Name:_____

DFPI Main License #: 963-_____ or 96DBO-_____ DFPI Branch License #: 863-_____ or 96DBO-_____

FOR CHANGE OF NAME, ADDRESS, AND/OR OFFICE (WITHIN COMPANY), COMPLETE THE FOLLOWING:

Former Name:_____

Former Address:_____

Former DFPI Main or Branch License #:_____

Former Office Address:_____

The member shall advise EAFC within ten (10) business days of the hire date of a new employee, within ten (10) business days of the date of termination, and within ten (10) business days of any change in employee status. The penalty is $25 per day for every day that the Member is in non-compliance. [FINANCIAL CODE §17331.1(d)]

Date:_____, 20_____ Date:_____, 20_____

Executed at_____, California Name:_____ Title_____
(Corporate Officer, Director, Manager or Shareholder Only)

_____ _____
Original <u>Wet</u> Signature of Applicant **Original <u>Wet</u> Signature of Member Representative Named Above**

Please mail the original Status Notice with appropriate fee to:
ESCROW AGENTS' FIDELITY CORPORATION
11150 W. OLYMPIC BOULEVARD, SUITE 840
LOS ANGELES, CA 90064

EAFC-C/A 3/2025