

NOMINEE'S NAME:



Please read the following very carefully before you sign this document.

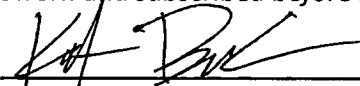
1. I understand that the information given in this Questionnaire will be investigated under all applicable laws.
2. I understand that any false statement on any part of this Questionnaire can be grounds for rejecting the confirmation of my nomination.
3. I hereby consent and authorize the release of information on my character, background, ability, financial indebtedness and fitness to serve the residents of the United States Virgin Islands by all government departments and agencies, especially the **Bureau of Internal Revenue, Tax Assessor, Department of Justice Division of Paternity and Child Support, Board of Education, Economic Development Authority, U. S. Small Business Administration, Small Business Development Center, Police Department, Department of Licensing and Consumer Affairs, if applicable**, employers, schools, all law enforcement agencies, and all other individuals and organizations, which may be deemed necessary, to authorized Committee on Rules and the Judiciary investigators, its staff and any other authorized employees of the Virgin Islands Government as may be required.
4. **CERTIFICATION:**
This is to certify and affirm that all the statements contained herein and in any supporting document or schedules or other such supporting documents or schedules executed at a later date as a part or addendum to this document are true and correct to the best of my knowledge and are made in good faith.

Signed this 14th day of August 2023

Maurice K. Muia
Nominee's Name [Print Clearly]


Signature of Nominee

Sworn and subscribed before me this 14 day of August, 2023


Notary Public ~~of the U.S. Virgin Islands~~

[seal]

My commission expires: 6-22-26

