

**Business Development Corporation of South Carolina
PO Box 21823
Columbia, SC 29221**

**SOUTH CAROLINA STATE SMALL BUSINESS CREDIT INITIATIVE CAPITAL
ACCESS PROGRAM (SC SSBCI CAP)**

Ph: 803.798.4064
Fax: 803.798.1224

EXHIBIT D – STANDARD CLAIM FORM

Lender Information:

Name of Lender: _____

Name of Borrower: _____

Reserve Account #: _____

Lender Loan #: _____

Claim Filed By:

Name: _____

Position: _____

Street: _____

City, State, Zip: _____

Phone: (____) _____

Fax: (____) _____

Outstanding Balances Immediately Prior to Charge-Off (*Note: You Must Attach Documentation of Out-of-Pocket Expenses and a Copy of Lender's Charge-Off Authorization*):

Principal: \$ _____

Accrued Interest (6-mos.max): \$ _____

Out-of-Pocket Expenses: \$ _____

Total Claim Amount: \$ _____

Date of Loan Charge-Off: \$ _____

Authorized Signature: _____

Date: _____