

(II) EMPLOYMENT HISTORY: SUPPLEMENTARY FORM WITH ADDITIONAL INFORMATION

Name of Company #5:

Dates of Employment (MO/YR):

Position/Role:

Indicate if Full or Part time:

Name of Company #6:

Dates of Employment (MO/YR):

Position/Role:

Indicate if Full or Part time:

Name of Company #7:

Dates of Employment (MO/YR):

Position/Role:

Indicate if Full or Part time:

Name of Company #8:

Dates of Employment (MO/YR):

Position/Role:

Indicate if Full or Part time:

BY COMPLETING AND SIGNING THIS FORM, YOU CERTIFY THAT YOUR ANSWERS ARE TRUE, COMPLETE AND ACCURATE, AND THAT YOUR ANSWERS AND STATEMENTS ARE NOT MISLEADING IN ANY MATERIAL RESPECT. YOU ALSO AGREE TO NOTIFY CITI PROMPTLY OF ANY CHANGES.

Signature: _____

PRINT FULL NAME: _____

Supplier Organization: Maveric Systems Limited

Date (MM/DD/YY): _____