



<b>SWS-24</b>	<b>Business Economic Loss Causation Proxy Claimant Sworn Written Statement</b>
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<b>Business Address:</b>	Street	City	State	Zip Code
<b>Business Phone Number:</b>	(               )                       -			

<b>Social Security Number:</b> <i>or</i> <b>Individual Taxpayer Identification Number:</b> <i>or</i> <b>Employer Identification Number:</b>	SSN or ITIN	_ _ _ _ _  -  _ _ _ _ _  -  _ _ _ _ _ _ _ _ _ _
	EIN	_ _ _ _ _  -  _ _ _ _ _ _ _ _ _ _

<b>C. REQUIRED VERIFICATION</b>
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The above mentioned claimant is authorized to use my documentation to satisfy causation.

<b>D. SIGNATURE</b>
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I certify and declare under penalty of perjury pursuant to 28 U.S.C. Section 1746 that all the information I have provided in this Statement (and in any pages I have attached to or submitted with this Statement to provide additional information requested in this Statement) is true and accurate to the best of my knowledge, and that supporting documents attached to or submitted with this Statement and the information contained therein are true, accurate, and complete to the best of my knowledge, and I understand that false statements or claims made in connection with this Statement may result in fines, imprisonment, and/or any other remedy available by law to the Federal Government, and that suspicious claims will be forwarded to federal, state, and local law enforcement agencies for possible investigation and prosecution.

<b>Date Signed:</b>	____/____/____ <small>(Month/Day/Year)</small>	_____ Signature	
<b>Name:</b> (Printed or Typed)	Last	First	Middle Initial
<b>Title, if a Business:</b>			