

IN THE DISTRICT COURT OF THE VIRGIN ISLANDS
BANKRUPTCY DIVISION
FOR THE DISTRICT OF THE VIRGIN ISLANDS

APPLICATION FOR LIMITED USE/CLAIM PASSWORD ELECTRONIC CASE FILING SYSTEM
ATTORNEY REGISTRATION FORM

(PLEASE TYPE)

BUSINESS NAME: _____

ADDRESS: _____

PHONE #: _____ FAX #: _____

E-MAIL ADDRESS: _____

1. Claim or Other Limited Use Application: I affirm that I am authorized to prepare and file Proofs of Claim on behalf _____, and/or I am authorize to prepare and file Notice(s) of Appearance on behalf of _____, and/or am authorized to execute and submit Reaffirmation Agreements on behalf of _____.

2. _____'s (name of business), through its authorized officers, directors and agents, understands that the use of its Limited Use password To file documents in the record of bankruptcy case or proceeding in the District Court of the Virgin Islands - Bankruptcy Division will constitute _____'s (name of business) signature upon and signing any declarations, verifications, proofs of claim, notices of appearance, assignments of claims, reaffirmation agreements, or other papers or documents filed by use of the password obtained pursuant to this Application for all purposes authorized and required by law, including, without limitation, Federal Rule of Civil Procedure 11 and Federal Rule of Bankruptcy Procedure 9011, the Unites States Code, Federal Rules of Civil Procedures, Federal Rules of Bankruptcy Procedure and any applicable non-bankruptcy law.

3. _____ (name of business), through its authorized offices, directors and agents, understands that it is its responsibility to protect and secure the confidentiality of its password. If _____ (name of business) believes that its password has been compromised, it is _____'s (name if business), through its authorized officers, directors and agents, responsibility to notify the court in writing, immediately.

4. _____ (name of business), through its authorized officers, directors and agents understands that it is its responsibility to notify the court, immediately, of any change in their address, telephone number, fax number or e-mail address.

5. Registration as Filing User constitutes : (1) waiver of the right to receive notice by first class mail and consent to receive notice electronically; (2) waiver of the right to service by personal service or first class

mail and consent to electronic service, except with regard to service of a summons and complaint under Fed. R. Bankr. P. 700. Waiver of service and notice by first class mail applies to notice of the entry of an order or judgment. Service by electronic means in complete as set forth in the most recent *Administrative General Order* notwithstanding Federal Rule of Bankruptcy Procedure 9036.

6. By this registration, _____ (name of business), through its authorized officers, directors and agents, agrees to abide by all the rules and regulations on the most recent *General Order Regarding Administrative Procedures for Filing, Signing and Verifying Pleadings and Paper by Electronic Means* currently in effect and any changes or additions that may be made to such administrative procedures in the future.

7. I, _____, hereby state that I am the (Title) _____ of (name of business) _____ and am authorized to enter into this Limited Use Registration on its behalf.

Signature of Individual signing on behalf of Business

Date

(Corporate Seal)

Please return to: Clerk of the District Court of the Virgin Islands
Bankruptcy Division
Attn: ECF Attorney Registration
5500 Veterans Drive, Ste. 310
St. Thomas, V. I. 00802-6424

APPROVED BY: _____

PASSWORD # _____

Date: _____