

**EXHIBIT 6**

# VIRGINIA SMALL BUSINESS FINANCING AUTHORITY'S SSBCI CAPITAL ACCESS PROGRAM

## Follow Up Claim Form

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1. Name of Lender: \_\_\_\_\_
2. Lender ID #: \_\_\_\_\_
3. Lender Loan # : \_\_\_\_\_
4. Name of Borrower/Loan: \_\_\_\_\_
5. Amount of Original Claim: \_\_\_\_\_
6. Date of Original Claim: \_\_\_\_\_
7. Amount Paid on Original Claim: \_\_\_\_\_
8. Follow-up Claim Amount (Amount in #6 minus Amount in #8): \_\_\_\_\_

The completed **Follow Up Claim Form** should be submitted to:

VSBFA Loan Accounting – ATTN: Patricia Musial

patricia.musial@sbsd.virginia.gov

If Submitted by Fax: VSBFA Loan Accounting – ATTN: Patricia Musial FAX: 804-225-3384

Authorized Signature of Lender: \_\_\_\_\_

Name and Title (Printed): \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Date: \_\_\_\_\_