

OFFICE OF THE DIRECTOR OF BANKING
DEPARTMENT OF COMMERCE
COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS
CAPITOL HILL, SAIPAN, MP 96950

APPLICATION TO TRANSACT BUSINESS AS A/AN INVESTMENT COMPANY OR REGULATED FINANCE COMPANY UNDER THE PROVISIONS OF 1 CMC SECTION 2453(d) and 4 CMC DIV. 6 SECTION 6102 OF THE COMMONWEALTH CODE.

() CORPORATION () PARTNERSHIP () SOLE PROPRIETOR

Director of Banking
Department of Commerce
Commonwealth of the Northern Mariana Islands
Capitol Hill, Saipan MP 96950

Dear Sir:

Application is hereby made for permission to conduct business a a/an investment or finance company pursuant to 1 CMC §2453(d) and 4 CMC §6102 of the Commonwealth Code.

For your records, the following is submitted:

1. Name of applicant: _____
DBA/Trade/Fictitious Name: _____
2. Mailing address: _____
3. Municipality where the business is to be conducted and business address:

Telephone no. _____ Fax No. _____
Email address: _____
4. If a corporation, will applicant do business as a CNMI (domestic) corporation or foreign corporation?

5. State date and place of incorporation and, if a foreign corporation, the date admitted in this territory.

6. Name and address in Saipan of agent upon whom service of process may be made.

7. Name and addresses, both the residence and place of business, of officers of the business.

Name and Title	Home Address	Business Address
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8. Name address of the manager who is to have charge of the business:

Name _____

Home address _____

Previous experience _____

9. Will any other business be conducted in the office in which the licensed finance/investment company is to be conducted? YES NO. If the answer is YES, state names and facts:

10. The following is a true and correct statement of the financial condition of the applicant:

ASSETS

Cash on hand & in banks	\$ _____
U.S. Government securities	_____
Listed securities	\$ _____
Unlisted securities	\$ _____
Accounts & Notes Receivable*	
Good	\$ _____
Doubtful	\$ _____
Real estate owned*	\$ _____
Mortgage owned	\$ _____
Automobiles*	\$ _____
Other assets - Itemize*	\$ _____

LIABILITIES

Notes payable to banks	
Secured	\$ _____
Unsecured	\$ _____
Notes payable	\$ _____
Accounts & bills due	\$ _____
Accrued interest, etc.	\$ _____
Taxes unpaid or accrued	\$ _____
Mortgage payable on real estate	\$ _____
Chattel Mortgages & other liens	\$ _____
Other debts - itemize	\$ _____

Total Assets \$ _____

Total Liabilities \$ _____

NET WORTH \$ _____

*Attach supporting documentation. Information cannot be 180 days old.

11. Show below the names, address and occupations of four reputable citizens of the CNMI, preferably located in the Municipality in which you desire to engage in business, who are personally acquainted with you or with the officers of the corporation.

Name	Residence	Occupation
_____	_____	_____
_____	_____	_____
_____	_____	_____

12. Provide name and location of any other loan office operated by you in this Territory or other states (use separate schedule, if necessary).

ATTESTATION

I (We) swear that this application and any attachments have been prepared or carefully reviewed by me (us) and constitute a complete, truthful, and correct statement of all information required herein. I realize that any false or fraudulent representation or substantial misrepresentation will be grounds for denial of this application or revocation of any license granted hereunder, and is subject to criminal prosecution under relevant CNMI statutes.

By _____
 (Signature)

 (Print Name) Title Date

By _____
 (Signature)

 (Print Name) Title Date

