

REGISTRAR OF CORPORATIONS
Department of Commerce
COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS
P.O. Box 5795 CHR, 12054 Pohnpei Way Capitol Hill Saipan, MP 96950
Tel: (670) 664-8024
Web: www.commerce.gov.mp
email: registrar.reyes@commerce.gov.mp

APPLICATION FOR CERTIFICATE OF AUTHORITY

**FOREIGN CORPORATION
NON-PROFIT CORPORATION**

FILING FEE: \$22.50

FILE ORIGINAL AND TWO COPIES

With this application you **must attach** a **Certificate of Good Standing** or Document of similar import duly Authenticated by the Secretary of State or like official of the State or country under whose law it is incorporated, **a filed copy of your articles of incorporation** and the **latest amendments**.

Name, Mailing and Physical Address of Foreign Corporation

Name: _____
Telephone No.: _____ Email Address: _____
Mailing Address: _____
Physical Address: _____
State or Country under whose law it is incorporated: _____

Date of Incorporation: _____ Period of Duration: _____

Mailing and Physical Address of Corporation's Principal Office

Mailing Address: _____
Physical Address: _____

Mailing and Physical Address of Registered Office in the Commonwealth

Telephone No.: _____ Email Address: _____
Mailing Address: _____
Physical Address: _____

Name of its Registered Agent at the Registered Office

Name: _____
Telephone No.: _____ Email Address: _____
Mailing Address: _____
Physical Address: _____

LIST OF OFFICERS: *(If not enough space, attach separate listing.)*

<u>Name</u>	<u>Title/Position</u>	<u>Business Address</u>

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LIST OF DIRECTORS: *(If not enough space, attach separate listing.)*

Name

Business Address

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

DESCRIPTION OF BUSINESS ACTIVITIES – Describe all lines of business:

DATE:

Signature:

PRINT NAME & TITLE OF PERSON SIGNING
(Must be Director or Officer of the Corporation)

THE INITIAL ANNUAL REPORT MUST BE FILED WITH THE REGISTRAR OF CORPORATIONS WITHIN SIXTY (60) DAYS AFTER THE CERTIFICATE OF AUTHORITY IS GRANTED.