

OFFICE OF THE DIRECTOR OF BANKING
DEPARTMENT OF COMMERCE
COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS

APPLICATION FOR RETAIL BANKING LICENSE

RENEWAL AMENDMENT

In accordance with the provisions of Sections 6243/6213 of the CNMI Banking Code, the undersigned hereby makes application to continue engaging in the banking business for the _____ calendar year. In consideration of the issuance of such license, the applicant understands that the willful misstatement or omission of a material fact on this application shall be grounds for revocation of the banking license or subject to the imposition of relevant civil and/or criminal penalties.

- 1. Name of Applicant: _____
- 2. Local mailing address: _____
- 3. Name and contact number of Manager: _____
- 4. Form of business: Corporation Association Partnership Not-for-profit corporation
- 5. Business contact numbers: Telephone _____ Fax _____
- 6. Number of employees: _____ Residents _____ Non-residents _____
- 7. Location of business in the CNMI: Saipan Tinian Rota
Specify village or area: _____

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- 8. If applicant is a corporation, please give complete name and address of resident agent:

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- 9. Does the applicant operate Automated Teller Machines (ATMs)? Yes No. If so, provide _____
the total number of machines in operation in the CNMI _____.

10. Applicant Declaration

I declare under penalty of perjury that the statements above are true and correct, and I that I am in continuing compliance with all Commonwealth Laws, especially P.L. 3-11, any rules and regulations and that this declaration was executed on Saipan, Northern Mariana Islands on the date indicated below.

Print Name & Sign	Date
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The Approving Official has reviewed this application and therefore approves and issues this retail banking license, effective _____ this _____ day of _____, 20_____.

Approving Official	Date
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