

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

APPLICATION FOR REGISTRATION AS INVESTMENT ADVISER OF SECURITIES
(Filing Fee \$50.00)

The undersigned, an applicant for registration as an investment adviser of securities, submits the following information to the Registrar of Corporations, copy furnished the Director of Banking, as required by Commonwealth Code, Public Law 3-3, and the Trust Territory Code, 71 TTC.

1. Name, residence address, and business address of the applicant.

2. Name under which business is conducted.

3. Operating status: Sole Proprietorship Corporation Partnership
 Other _____

4. Provide general plan, nature and character of business.

5. Educational history, showing name of schools with dates of attendance and major subject.

6. Business experience during the ten years prior to this application, showing name and address of employers, position held, nature of occupation, and dates.

7. Name and address of three references as to the character and reputation of the applicant, excluding relatives.

8. Attach a complete statement of facts relative to the qualifications and business history of all employees. A separate sheet must be prepared for each employee.

9. If applicant during the ten years prior to this application has misappropriated or converted monies of others for his own use, or has been accused of so doing, attach a complete statement of facts in respect thereto.

10. If applicant has been registered as an investment adviser or agent of or a broker-dealer in securities prior to this application, attach a complete statement of facts in respect thereto.

11. If applicant has been denied registration as an investment adviser, agent, or broker-dealer of securities, or has had registration of such suspended or revoked prior to this application by any state or territorial government, attach a complete statement of facts in respect thereto.

12. If applicant has been convicted of a violation of a criminal statute, attach a complete statement of facts in respect thereto.

13. Experience of the individual designated in Question 11 above, giving names of employers, business addresses, and dates of employment.

<u>Name</u>	<u>Employer</u>	<u>Business Address</u>	<u>Date of Employment</u>
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14. There shall be filed an irrevocable written consent to service of process on the Registrar of Corporations, copy furnished the Director of Banking, as provided by Public Law 3-3, Commonwealth Code, and the Trust Territory Code, 71 TTC.

15. Current financial statements must be attached to this application.

ATTESTATION

I swear that this application and any attachments have been prepared and carefully reviewed by me 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.

Signature of Applicant

Date

COMMONWEALTH OF THE NORTHERN)
MARIANA ISLANDS)
) ss.
Saipan)

_____ being duly first sworn on oath deposes and says that he/she is the applicant named in the foregoing statement, that he/she has read the statement and all documents attached thereto, that the information contained in the statement and the documents is true to the best of his/her knowledge and belief.

Subscribed and sworn to before me this _____ day of _____ 20_____.

My Commission Expires

CONSENT TO SERVICE OF PROCESS

The undersigned does hereby irrevocably appoint the Registrar of Corporations, Commonwealth of the Northern Mariana Islands, Saipan, or his successor in office, as my attorney to receive service of any lawful process in any non-criminal suit, action or proceeding against the undersigned or his successor, executor or administrator, which arises under said Act or any rule or order hereunder after the consent has been filed, with the same force and validity as if served personally on the undersigned.

Executed in the city of _____, state
of _____, this _____ day of 20 _____.

Subscribed and sworn to before me this _____ day of _____,
of 20 _____.

NOTARY PUBLIC in and for the Commonwealth of
The Northern Mariana Islands

My Commission Expires _____