

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

APPLICATION FOR REGISTRATION AS SECURITIES BROKER-DEALER OF SECURITIES  
(Filing Fee \$300.00)

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 5, Div. 8, Public Law 3-3, and the Trust Territory Code, 71 TTC.

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

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2. Name under which business is conducted.

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3. Operating status:      Sole Proprietorship      Corporation      Partnership  
Other \_\_\_\_\_

4. Names, residence and business addresses of all persons interested in the business as principals, partners, officers or directors, giving the title of each.

Name	Residence Address	Business Address	Title
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5. The general plan and character of business.

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6. Length of time engaged in the securities business as a broker-dealer \_\_\_\_\_.

7. States or Territories in which applicant is registered as a broker-dealer.

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8. Stock or bond exchange, if any, of which applicant is a member.

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9. Has an application for registration as an investment adviser, investment agent, or securities broker-dealer ever been denied, revoked, or suspended in any State or Territory or by the Securities Exchange Commission? If so, attach a complete statement of facts in respect thereto.

10. Has any person with an interest in the business as principal, partner, officer or director ever been convicted of a violation of a criminal statute? If so, attach a complete statement of facts in respect thereto.

11. Names, official titles, and residence address of individuals who are registered as agents of the applicant.

<u>Name</u>	<u>Title</u>	<u>Residence Address</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.

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Signature of Applicant

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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 \_\_\_\_\_