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 lic0ense, 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:_____

_____

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

   _____

_____

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

FOR OFFICIAL USE ONLY

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

_____

Approving Official Date