

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

APPLICATION FOR TRUST LICENSE

(License Fee \$300.00)

The undersigned, an applicant for a trust license, submits the following information to the Director of Banking, pursuant to 1 CMC §2453 and 4 CMC §6531.

1. Name and business address of the applicant.

2. Name under which business is conducted.

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.

6. Length of time engaged in the trust or fiduciary business _____.

7. States or Territories in which applicant is registered as a trust company.

8. Has an application for a trust license ever been denied, revoked, or suspended in any State or Territory of United States or any other jurisdiction? If so, attach a complete statement of facts in respect thereto.
9. 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.
10. Attach resumes of principals, officers and directors.
10. Current financial statements must be attached to this application. The company must be capitalized at all times at not less than \$50,000.
11. A security deposit or evidences of indebtedness acceptable to the Director of Banking in the amount of not less than \$50,000 shall be recorded under the Director's name is required prior to the issuance of a trust license.

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 _____