



Department Of Commerce

COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS
CALLER BOX 10007, SAIPAN, MP 96950
Telephone: (670) 664-3018/3000 Fax: (670) 664-3067

Photo

FOREIGN INVESTOR CERTIFICATE APPLICATION FOR AN APPROVED INVESTMENT

Certificate Fee \$10,000
Visa Fee \$2,500
Receipt No: _____

FOR OFFICIAL USE ONLY

TYPE OF INVESTMENT _____ SINGLE _____ AGGREGATE
_____ Approved _____ Approved _____ Approved
_____ Disapproved _____ Disapproved _____ Disapproved

Secretary of Commerce _____ Review Committee Member _____ Secretary of Immigration _____

PRINT OR TYPE THE FOLLOWING INFORMATION. DO NOT LEAVE ANY QUESTIONS UNANSWERED. USE SEPERATE SHEET IF NEEDED.

For the purpose of engaging in an approved investment, I hereby declare that I am seeking to obtain a Foreign Investor Certificate and that I have invested, or am actively in the process of investing, in such enterprise \$250,000 in a single approved investment or \$100,000 in an aggregate approved investment in excess of \$2,000,000.

1. Name _____, _____
Family Given Middle

2. Date of Birth _____ Place of Birth _____ Citizenship _____

3. Passport No. _____ Issued by _____
Date of Expiration _____ Type of Passport _____

List all additional passports issued to you or possessed by you:

A. Country: _____ Passport No: _____
B. Country: _____ Passport No: _____

4. Permanent Address: _____

Mailing address: _____

Telephone No(s): _____ Fax Number: _____

5. Marital Status: ___ Married ___ Single ___ Divorced ___ Separated 6. Social Security No. _____

7. Number of Dependents _____

Names of Dependents:

A. _____ Age _____ Citizenship _____ Passport No _____
B. _____ Age _____ Citizenship _____ Passport No _____
C. _____ Age _____ Citizenship _____ Passport No _____
D. _____ Age _____ Citizenship _____ Passport No _____

8. Have you ever been granted a CNMI Entry Permit before? _____ No _____ Yes
Date first granted _____ Certificate No _____ Type _____

9. Business Information

Type of Business Entity: _____ Sole Proprietor _____ Partnership _____ Corporation

Year in which business was organized: _____

Name of Business/Corporation: _____

Business Address: _____ (Attach sketch of location)

Business License Number: _____ Taxpayer I.D. Number _____

List Business activities/dba:

A. _____ B. _____
C. _____ D. _____

10. Total Capitalization of Company

Amount of Capital invested by applicant: _____ Equity participation (Ownership %) _____
Source of Financing: (List source and provide detail information such as Commitment letters, SLC, etc.)

11. Describe nature of investment in the enterprise including the total number of persons employed or to be employed.

12. List principal civil, professional, social, or other organizations in which you have membership:

13. Have you ever been adjudged a bankrupt or have worked out a compromise with any creditors? Yes No
If yes, give details in the following schedule.

Title & Nature of Proceeding Date Jurisdiction and Location Disposition

14. Are you involved as defendant or plaintiff in any civil litigation? Yes No
If yes, give details in the following schedule.

Title & Nature of Proceeding Date Name & address of court where pending Amount

15. Have you ever been convicted of any crime? Yes No
If yes, give details in the following schedule.

Nature of Charges Date Jurisdiction and Location Disposition

16. Have you ever been convicted of a felony under the laws of the United States Government? Yes No
If yes, give details in the following schedule.

Name of Authority Date Nature of Proceedings Disposition

17. Business Affiliations: List all firms, companies, corporations or other business organizations of which you are at present a director, officer, employee partner or owner.

Name and Location Type of Business Position Held

HEREBY CERTIFY THAT THE FOREGOING INFORMATION, STATEMENT, AND EXHIBITS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF AND THAT SAID INFORMATION, STATEMENT AND EXHIBITS ARE SUBMITTED VOLUNTARILY BY ME TO THE CNMI DEPARTMENT OF COMMERCE FOR ITS CONFIDENTIAL USE. I UNDERSTAND, HOWEVER, THAT NOTWITHSTANDING THE FOREGOING, THE DEPARTMENT OF COMMERCE MAY RELEASE ALL OR PART OF THE INFORMATION FURNISHED HEREIN WHERE SUCH RELEASE IS MADE IN CONNECTION WITH ITS INVESTIGATION AND VERIFICATION EFFORTS (OR WHERE SUCH RELEASE IS DETERMINED TO BE IN THE BEST INTEREST OF THE DEPARTMENT CONSISTENT WITH THE PUBLIC INTEREST AND APPLICABLE LAWS.)

SIGNATURE OF APPLICANT

DATE

Subscribed and sworn to before me this _____ day of _____, 2006. (NOTARY)

[Signature of person preparing, if other than applicant. I declare that this document was prepared by me and is based on all information on which I have knowledge.]

Print Name & Sign (Prepared by)

Date

Address: _____
