

**REGISTRAR OF CORPORATIONS**  
Department of Commerce  
**COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS**  
P.O. Box 5795 CHRB, 12054 Pohnpei Way Capitol Hill Saipan, MP 96950  
Tel: (670) 664-8024  
Web: [www.commerce.gov.mp](http://www.commerce.gov.mp)  
email: [registrar.reyes@commerce.gov.mp](mailto:registrar.reyes@commerce.gov.mp)

**APPLICATION FOR CERTIFICATE OF WITHDRAWAL  
FOREIGN CORPORATION**

**FILING FEE: \$37.50**  
**FILE ORIGINAL AND TWO COPIES**

Any Foreign Corporation authorized to transact business in the Commonwealth of the Northern Mariana Islands may not withdraw from the Commonwealth until it obtains a Certificate of Withdrawal from the Registrar of Corporations.

**Details of Corporation**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

**Details of Registered Agent**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone No.: \_\_\_\_\_

**Current Address of the Corporation's Principal Office:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The above-named Corporation was duly organized and existing under the laws of \_\_\_\_\_ where it is presently incorporated.

The corporation is presently authorized to transact business in the Commonwealth of the Northern Mariana Islands and is not presently transacting any business in the CNMI.

Therefore, the Corporation, by the signature below of its authorized representative, hereby surrenders the authority to transact business in the CNMI and revokes the authority of its above-named registered agent for service of process in any proceeding based on a cause of action arising during the time it was authorized to transact business in the CNMI and agrees to promptly notify the Registrar of Corporations in the future of any change in its mailing address.

That the applicant has complied with all applicable CNMI laws, rules and regulations regarding corporate withdrawal including, but not limited to Chapter 15, Articles 2 of 4 CMC Div. 4, §4661 of the corporate laws.

That the person signing this Application for Certificate of Withdrawal has full authority to act on behalf of and legally bind the corporation.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

\_\_\_\_\_  
(Print Name & Title of Person Signing)