

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

**(License Fee \$30.00)
APPLICATION FOR REGISTRATION AS AGENT OF FOREIGN EXCHANGE**

(To be filled out using a typewriter or block letters)

INITIAL RENEWAL AMENDMENT

AUTHORITY: This application is made and submitted pursuant to the provisions of the applicable rules and regulations promulgated by the Director of Banking, Department of Commerce, in accordance with the authority vested in him under Section 6351, (Foreign Exchange) of the Commonwealth Banking Code of 1984 - Public Law 3-104.

1. Full name of applicant: _____

2 Place and date of birth; length of residence in the CNMI:

3. Type of Firm (check one only):
 Sole Proprietorship Corporation Partnership Other: _____

4. If the applicant, during the ten years prior to this application, has misappropriated or converted monies of others for his/her own use, or has been accused of so doing, attach a complete statement of facts in respect thereto.

5. Name and business address of licensee appointing the applicant.

6. Contact: Telephone No. _____ Fax No. _____
E-mail: _____

7. If the applicant has been convicted of a violation of a criminal statute, attach a complete statement of facts in respect thereto.

8. If the applicant has been denied registration as an agent of foreign exchange, or has had registration of such suspended or revoked prior to this application by any state or territorial government, attach a complete statement of facts thereto.

9. Name and address of at least three references to attest as to the character and reputation of this applicant, excluding relatives.

A. _____

B. _____

C. _____

D. _____

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, and is subject to criminal prosecution under relevant CNMI statutes.

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 _____

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APPOINTMENT OF AGENT OF FOREIGN EXCHANGE

I have read the information and statement provided and believe the information contained therein to be complete and have no knowledge to the contrary. Therefore, I hereby appoint _____ of _____ as agent of Foreign Exchange and agree to notify the Director of Banking, Department of Commerce, Saipan, MP, immediately upon the termination of his/her employment or agency relationship.

Licensee:

By: _____
Name and Signature

Its: _____
Title

Date

Director of Banking

Date

Approved

Disapproved