

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

(License Fee \$300.00)
APPLICATION FOR FOREIGN EXCHANGE LICENSE
(To be filled out using a typewriter or block letters)

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.

- For the sale of Foreign Exchange Notes Only
- For the Transmittal of Money Only
- Both (listed above)

1. Name of applicant: _____
(If not a corporation, give the name under which business will be conducted)

DBA/Trade/Fictitious Name: _____

2. Mailing address: _____

3. Business address: _____

Business contact no. _____ Fax No. _____

Email address: _____

4. Operating Status: Sole Proprietorship Partnership Corporation

5. If applicant is a partnership or association, provide the name of all members thereof; if a corporation, provide the names and addresses of all officers and directors of the corporation (attach a separate sheet if insufficient space):

Name	Title	Address	Nationality
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

6. List the names of all agents who are to be authorized to act under this license:

7. Has the applicant or any person listed under item No. 5 or 6 ever been convicted of a felony? YES NO. If the answer is YES, a letter of explanation, in detail must accompany the application.

8. Are you, and each person under Item No. 5 or 6, familiar with the Foreign Exchange Rules and Regulations and do you agree to conduct your business in accordance therewith? YES NO

9. Have you or any person listed under Item No. 5 or 6 ever been denied or had a license suspended or revoked prior to this application by any state or territorial government? YES NO. If the answer is YES, attach a complete statement of facts in respect thereto.

10. Is the applicant, or any person listed under Item No. 5 or 6, engaged in any other business, either full-time or part-time? YES NO. If YES, what is the nature of the other business?

11. Have you sufficient funds for security deposit of \$50,000 in cash or security bond which shall be deposited with the CNMI Treasurer, conditioned upon the faithful holding and transmission of all money received by such licensee or its agents for such purpose? YES NO.

12. Attach a copy of the most current financial statements of the applicant.

13. If applicant has never been licensed for foreign exchange, state the extent of knowledge of the business of selling foreign exchange monies, or transmittal of money. _____

14. Have you filed a certified copy of a receipt form to be used as required by the Director of Banking? YES NO.

15. Attach resumes and references of those listed under Item 5.

16. By signing this application, the applicant authorizes the Director of Banking to inquire and verify accounts with any bank or financial institution in which the foreign exchange dealer maintains a relationship.

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 _____

Approved Disapproved

Director of Banking

Date