BRANCH OFFICE REGISTRATION FOR DEBT SETTLEMENT PROVIDER - DS3

NORTH DAKOTA DEPARTMENT OF FINANCIAL INSTITUTIONS
CONSUMER DIVISION
SFN 59984 (7-2011)

A. GENERAL INSTRUCTIONS

1. **FILING -** Form DS3 (SFN 59984) is the Branch Office Registration form accompanying the Form DS1 (SFN 59982). One form must be completed for each branch location conducting debt settlement business in North Dakota.
2. **TERMS USED -** See the following Explanation of Terms section regarding italicized words/phrases.
3. **EXECUTION SECTION** - Must be completed by an authorized representative of the *applicant*.
4. **DATES -** The filing date is the date *applicant* submits this form to the Department. The desired effective date is the date *applicant* would like an amendment to become effective.
5. **AMENDMENTS -** The *applicant* must update information about a branch office by submitting amendments using form DS3 (SFN 59984). When making changes to an existing branch registration, check the "amendment" box on line 1, provide all previous information in items 2a through 6a, filing and effective dates, license number where applicable, and complete only the information that is being amended in item(s) 2b through 6b or 7 through 11. NDCC 13-11-07 requires an applicant or licensed provider to submit amendments within 10 days after a change in the information provided within the application occurs.
6. **CONTACT EMPLOYEE -** The individual listed on the *applicants* Form DS1(company's main office) as the contact employee will be contacted by the Department, if needed, about this branch Form DS3.
7. **RECORDS -** Please identify where records will be kept if the *applicant* intends to maintain records for the branch office at a location other than the main address of the *applicant* or the location specified in item 2(D) on Form DS1.
8. **SURRENDER / CANCEL -** When an *applicant* decides to cease operations under this branch registration, at one or more branch locations, use the Form DS3 to notify the Department by checking the "Surrender/Cancel" box and completing only items 2, 3, and 7. Submit a separate Form DS3 for each branch registration that is being surrendered. Send the original branch registration document (if any was issued) to the Department along with the Form DS3 to surrender/cancel. Use the Form DS1 to notify the Department if the entire company will cease operations under the license/registration.

B. FILING INSTRUCTIONS

1. **FORMAT**
   - A. Form DS3 may accompany a new company filing with Form DS1, or may follow the Form DS1 later. A fully completed Form DS3 must be submitted when the *applicant* is filing for branch registration for the first time.
   - B. The Execution section must include a notarized original manual signature for the initial Form DS3 filing for each branch office.
   - C. Type or print all information clearly and legibly.
   - D. Use only the current version of Form DS3 or a reproduction of it.

2. **ATTACHMENTS**
   - A. Complete and submit the branch authorization form to the Department along with a copy of the branch lease/deed.
   - B. $50 Branch Fee.

C. EXPLANATION OF TERMS

The following terms are italicized throughout Form DS3

APPLICANT - The debt settlement provider applying or amending information on this form for a branch registration. The only instance in which the *applicant* is an individual is in the case of a sole proprietorship.

JURISDICTION - A state, the District of Columbia, the Commonwealth of Puerto Rico, or any subdivision or regulatory body thereof.

PERSON - An individual, partnership, corporation, trust or other organization.

IN-STATE BRANCH - Branch location within North Dakota.

OUT-OF-STATE BRANCH - Branch location outside of North Dakota.

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NORTH DAKOTA DEPARTMENT OF FINANCIAL INSTITUTIONS
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Date of filing (MM/DD/YYYY)

Applicant's Full Legal Name	Desired Effective Date (MM/DD/YYYY)

☐ In-State Branch ☐ Out-of-State Branch

1. ☐ New Application ☐ Amendment (Complete "b" for the item(s) being amended
☐ Surrender/Cancel ☐ Other _____

2a.	2b.
Physical Address (Number and Street)	NEW Physical Address (Number and Street)
Physical City, State/Country, Zip+4/Postal Code	NEW Physical City, State/Country, Zip+4/Postal Code

3a.	3b.
Mailing Address or P.O. Box (if different from physical)	NEW Mailing Address or P.O. Box (if different from physical)
Mailing Address City, State/Country, Zip+4/Postal Code	NEW Mailing Address City, State/Country, Zip+4/Postal Code

4a.	4b.
Business (Area Code) and Telephone Number	NEW Business (Area Code) and Telephone Number
Fax (Area Code) and Number	NEW Fax (Area Code) and Number
E-mail Address	NEW E-mail Address
Branch website (list all websites used by the branch to solicit debtors and business clients)	NEW Branch Website

5a.	5b.
Other Trade Names or "DBA" Used at This Branch	Other Trade Names or "DBA" Used at This Branch

6a.		6b.	
Branch Manager Name		NEW Branch Manager Name	
Mailing Address		Mailing Address	
Telephone Number	E-mail Address	Telephone Number	E-mail Address

EXECUTION: The undersigned, being first duly sworn, deposes and says that he/she has executed this form on behalf of, and with the authority of, said *applicant* and agrees to and represents the following:

(1) That the information and statements contained herein, including exhibits attached hereto, and other information filed herewith , all of which are made a part hereof, are current, true and complete;
To the extent any information previously submitted is not amended such information is currently accurate and complete;
That the ND Department of Financial Institutions may conduct any investigation in accordance with state law, into the background of the *applican*t for purposes of this registration;
To keep the information contained in this form current and to file accurate supplementary information on a timely basis;
To keep accurate books and records or otherwise comply with the provisions of law pertaining to the conduct of business for which the *applicant* is applying.

Signature of A*pplicant's R*epresentative	Printed Applicant's Representative Name	Date (MM/DD/YYYY)

Signed or attested before me on this _____ day of _____, _____.

County	State

Notary Public Signature	Printed Notary Name	Notary Appointment Expires

This execution must always be completed in full with original, manual signature and notarization. Affix notary stamp or seal where applicable.

7. Physical address of location where the official books and records generated by this branch office will be kept:

Mailing Address	City	State	ZIP+4/Postal Code

8. Will this branch office and/or individuals at this branch office operate pursuant to a written agreement or contract with the main office?
☐ Yes ☐ No

9. Will this branch office have sole responsibility for decisions relating to individuals collecting, counseling or soliciting debtors or businesses for debt settlement-related services:
(a) with respect to employment? ☐ Yes ☐ No
(b) with respect to compensation? ☐ Yes ☐ No

BRANCH AUTHORIZATION

(To be completed by APPLICANT)

_____ is applying for the registration of one or more branch offices pursuant to the North Dakota Debt Settlement Provider Act, North Dakota Century Code Chapter 13-11 at the following location(s) (please attach list, if necessary):

_____

_____

_____

Applicant, hereby states, by and through its authorized representative, _____,

that the licensed principal office located at:_____shall be fully responsible for the control, management, supervision, and actions of the branch referenced herein and its personnel. Control, management, and supervision shall include, at a minimum, implementing adequate procedures and controls to ensure that the branch is operating in a competent and lawful manner and conducting regular and ongoing reviews of employee performance and of work performed by the branch.

Applicant further states that the principal office referenced herein shall be fully responsible for communicating with the department on all licensing, examination, and enforcement matters involving the branch office referenced herein and shall further ensure that all branch personnel are adequately trained, supervised, and competent to perform their assigned duties.

This the _____ day of _____, 20_____.

Authorized Representative of Applicant	
Printed Name	Title

STATEMENT OF AUTHORIZATION

I, _____, state on behalf of _____, Applicant, that I have read the foregoing Branch Authorization Form; that I know and fully understand its contents; that I am authorized to enter into and execute this Form on behalf of Applicant, that Applicant agrees freely and without threat of coercion of any kind to comply with the terms and conditions stated herein; and that Applicant voluntarily agrees to accept and abide by the terms and conditions stated herein as an express condition to receiving approval to register the branch referenced herein.

Authorized Representative of Applicant	
Printed Name	Title

STATE OF _____

COUNTY OF _____

On this the ____ day of _____, 20_____, before me _____, the undersigned officer,

_____, did personally appear and acknowledge himself/herself to be an authorized representative of Applicant, and that s/he, being authorized to do so, entered into and executed the foregoing instrument for the purposes therein contained.

In witness whereof I hereunto set my hand.

Notary Public Signature	Notary Appointment Expires