AGENT FOR DEPOSIT APPLICATION

NORTH DAKOTA DEPARTMENT OF FINANCIAL INSTITUTIONS

SFN 2139 (8-2021)

1200 Memorial Hwy
Bismarck, ND 58504
Telephone (701) 328-9933
Fax Number (701) 328-0290
E-mail: dfi@nd.gov

To the Commissioner of Financial Institutions:

In accordance with the provisions of NDCC Chapter 6-10 - **Agents for Deposit**, application is hereby made to conduct business of receiving, as agent for another, monies for the purpose of deposit in a bank.

1. Name of Applicant (Licensee)
Doing Business as (if applicable)

2. Address of Main Office (Street)			P.O. Box
City	State	Zip Code	Business Hours
Telephone Number	Fax Number	E-mail Address	Website Address

3. Form of Organization of the applicant (sole proprietorship, partnership, limited liability partnership, corporation, limited liability company)
Date of Registration with the North Dakota Secretary of State (if applicable)

4. For other than if the applicant is a bank, list the following ownership information: If the applicant is a sole proprietorship, the name of the proprietor; if a partnership, the names of the partners; if a corporation or limited liability company, any person owning twenty-five percent (25%) or more of the capital stock as of the date of the application:

NAME	COMPLETE HOME ADDRESS (Street, City, State & Zip Code)	* SOCIAL SECURITY NUMBER	PERCENTAGE OF STOCK HELD

5. Describe, in detail, the proposed business activities other than receiving deposits conducted at the applicant's location.

6. List the names and addresses of all financial institution(s) in which the applicant (licensee) intends to receive deposits for.

NAME OF INSTITUTION	ADDRESS

7. (A) Name of Manager and attach resume (the person who will be actively in charge of the agent for deposit business)

Business Address	Telephone Number	Fax Number	
City		State	Zip Code

(B) * Manager's Social Security Number

Manager's Home Address	Telephone Number	Fax Number	
City		State	Zip Code

8. (A) Has the applicant ever had a North Dakota or out of state license for any type of business? ☐ No ☐ Yes - State what type of license _____

(B) If Yes - has this license ever been suspended or revoked or has the applicant been a party to an enforcement order, or paid civil money penalties?

☐ No ☐ Yes - State details.

(C) Has the applicant's application for any type of business in North Dakota or out of state ever been denied? ☐ No ☐ Yes - State details

9. (A) Has judgment ever been entered against the applicant in any civil matter involving any transaction of any kind? ☐ No ☐ Yes - Explain

(B) Has judgment ever been entered against any of the individuals listed in Items No. 4 and 7 in any civil matter involving any transaction of any kind?
☐ No ☐ Yes - Explain

10. (A) Has the applicant ever declared bankruptcy? ☐ No ☐ Yes - Give details

(B) Have any of the individuals listed in Items No. 4 and 7 declared bankruptcy? ☐ No ☐ Yes - Give details

11. Has any individual listed in Items No. 4 and 7 been convicted in any state or federal court of a crime relating to the business of agent for deposit, forgery, fraud, obtaining money under false pretense, embezzlement, extortion, larceny, burglary, breaking and entering, robbery, criminal conspiracy to defraud, or bribery? ☐ No ☐ Yes - Furnish details on separate sheet and attach to application.

12. **Financial Statements:**

(A) Attach to the application a financial statement including assets, liabilities, equity, and an income statement of the proposed applicant. The financial statement must include a sworn declaration as to accuracy unless it is a CPA audited financial statement.

(B) Additionally, an individual financial statement must be submitted for: the proprietor, if the applicant is a sole proprietorship; each general partner, if the applicant is a partnership.

13. Enclose a surety bond in the sum of $5,000 (Surety Bond to Operate Agent for Deposit Business, Form SFN 52713).

14. Enclose a check for the $25.00 license fee to be made payable to the Department of Financial Institutions.

Please mail your (1) application form, (2) supporting documents, (3) bond, and (4) check for $25.00 payable to the Department of Financial Institutions, addressed as follows:

DEPARTMENT OF FINANCIAL INSTITUTIONS
1200 MEMORIAL HWY
BISMARCK, ND 58504

IMPORTANT: Report any change(s) of the applicant to the Department of Financial Institutions within ten days of such change(s).

SIGNATURE OF APPLICANT'S AUTHORIZED REPRESENTATIVE

Print Name
Signature
Title

Dated this _____ day of _____, _____.

State of _____)
)ss.
County of_____)

On this _____ day of _____, _____ personally appeared

Name	Title

to me known, and known by me to be, the signer of the foregoing instrument, who, being first duly sworn upon oath, deposes and says that this individual has read, signed, and knows the contents thereof, and that the alleged facts therein contained are true to this individual's own knowledge.

My commission expires _____, _____.

_____
Notary Public

STATE OF NORTH DAKOTA

DEPARTMENT OF FINANCIAL INSTITUTIONS
1200 MEMORIAL HWY
BISMARCK, ND 58504

I hereby authorize any person or entity contacted by the North Dakota Department of Financial Institutions with regard to my application for an Agent for Deposit license to release to the department any and all information requested, including information from

Name of Applicant (Licensee)	Print Name of Individual Signing this Page
Signature **X**	Date

(Please copy this page for each individual identified in Item numbers 4 and 7 to sign, and return with your application to this Department.)

* In Compliance with the Federal Privacy Act of 1974, the disclosure of the individual's social security number on this form is voluntary. The individual's social security number is used to obtain credit information from any credit reporting agency.