AGENT FOR DEPOSIT RENEWAL APPLICATION

NORTH DAKOTA DEPARTMENT OF FINANCIAL INSTITUTIONS

SFN 52715 (8-2021)

1200 Memorial Hwy
Bismarck, ND 58504
Telephone (701) 328-9934
Fax Number (701) 328-0290
E-mail dfi@nd.gov

To the Commissioner of Financial Institutions:

Application is hereby made for a license under the provisions of NDCC Chapter 6-10 - **Agents for Deposit.**

NOTE: Please check if there has been a change in _____ Management, _____ Ownership, or_____ Name, since last application or renewal application to this department, and indicate the old and new designations where applicable with date of change:

License Number

1. Name of Applicant (Licensee)

Doing Business as (if applicable)

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

3. 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

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

5. List the names and addresses of all financial institution(s) in which the applicant (licensee) receives deposits for.

NAME OF INSTITUTION	ADDRESS

6. (A) Name of Manager and attach resume (the person who is 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

7. (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. 3 and 6 in any civil matter involving any transaction of any kind?
☐ No ☐ Yes - Explain

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

(B) Have any of the individuals listed in Items No. 3 and 6 declared bankruptcy? ☐ No ☐ Yes - Give details

9. Has any individual listed in Items No. 3 and 6 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.

10. Financial Statements:

(A) Attach to the application a financial statement including assets, liabilities, equity, and an income statement of the 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.

11. Enclose a surety bond in the sum of $5,000 (if applicable)

A. Enclose a certificate of bond renewal, from your bonding company, indicating that your depositing agent's bond has been renewed.

B. Fee for renewal of deposit agents license is $25.00, check payable to the Department of Financial Institutions.

Please mail your (1) renewal application form, (2) supporting documents, (3) bond (if applicable), (4) certificate of bond renewal, and (5) 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

* 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.