



AFFIDAVIT OF BROKER/DEALER ACTIVITY
 NORTH DAKOTA SECURITIES DEPARTMENT
 SFN 53495 (8-2018)

Securities Department
 600 E Boulevard Ave Dept 414
 Bismarck ND 58505
 (701) 328-2910
www.ndsecurities.com

Name of Applicant

Applicant does hereby certify:

1. That the above-named Applicant has offered for sale or sold securities, solicited clients, transferred clients, or been involved in wrap-fee programs within this state. (Attach a list of names and addresses of North Dakota residents solicited in our state.)

2. That the above-named Applicant has not offered for sale or sold any securities, solicited clients, transferred clients, or been involved in wrap-fee programs within this state.

3. That the above-named Applicant has offered for sale and sold securities, solicited clients, transferred clients, or been involved in wrap-fee programs within this state pursuant to an exempt transaction. (Please specify which exemption was relied upon):

I, on behalf of the above-named applicant, acknowledge the foregoing to be truthful with full knowledge that misrepresentation of such facts to the Securities Department of the State of North Dakota may result in administrative action by the Department.

Signature of Officer, Partner, or Sole Proprietor

State of	County of
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Signed and sworn to (or affirmed) before me this	Date
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Name(s) of Individual(s) Making Statement	Affix Notary Stamp
Signature of Notary Public or Other Authorized Officer	
Date	

THE INFORMATION PROVIDED ON THIS AFFIDAVIT WILL BE VERIFIED WITH YOUR CLEARING FIRM PRIOR TO REGISTRATION APPROVAL. PLEASE PROVIDE THE FOLLOWING INFORMATION REGARDING YOUR CLEARING FIRM (IF APPLICABLE):

Name of Clearing Firm			
Name of Contract Person with Firm			
Address	City	State	ZIP Code
Email Address of the Firm			