



State of New Hampshire

Banking Department

53 Regional Drive, Suite 200
Concord, NH 03301

Telephone: (603) 271-3561

Fax: (603) 271-0750

Licensing: (603) 271-8675

www.nh.gov/banking

NH BRANCH OFFICE FORM INSTRUCTIONS

A. GENERAL INSTRUCTIONS

- FILING** – The NH Branch Office form should be used to apply to license a branch office location, and to change any information about a licensed branch office location and to surrender or otherwise terminate a branch office license. **There is no fee to file an amendment or to terminate a license.** If the name of the licensee or the address of the branch is being amended, submit the original branch office licenses to the Department along with this form; new licenses will be issued and sent to the licensee.
- TERMS USED** – See the following Explanation of Terms section regarding italicized words/phrases.
- EXECUTION** – The execution section must be completed by an authorized representative of the *applicant or licensee* (corporate officer, partner, member, sole proprietor, etc).
- DATES** – The filing date is the date *applicant or licensee* submits this form to New Hampshire. The effective date is the date *applicant or licensee* would like this license or amendment to become effective.
- AMENDMENTS** – Using this form, the *applicant or licensee* must update information about a branch office on a continuing basis. Changes of address and branch closings need to be reported ten (10) days prior to the change or closing. Other changes, including the addition or removal of a branch manager, should be reported within thirty (30) days from the date of the event that requires an amendment filing. When filing an amendment, check the “amendment” box on line 1, provide the *applicant/licensee’s* name, filing and effective dates, and complete only the information that is being amended in item(s) 2a through 5a or 6 through 14.
- CONTACT EMPLOYEE** – The individual listed on the *applicant’s/licensee’s* License Application Form (company’s main office) as the contact employee will be contacted by the New Hampshire Banking Department if needed, about this branch form filing.
- SURRENDER / CLOSE**– When an *applicant/licensee* decides to cease operations under the license at one or more branches, use a NH Branch Office Form to notify New Hampshire of each closing by checking the “surrender” box and completing only items 2, and 6 and the execution. Send the original license certificate to the New Hampshire Banking Department along with the NH Branch Office Form to surrender. Use the NH Surrender/Expiration Form to notify New Hampshire if the entire company will cease operations in New Hampshire under its license. When terminating a branch license, it is necessary to enclose the original license issued by the NHBD with the NH Branch Office Form filing.

B. FILING INSTRUCTIONS

- FORMAT**
 - The NH Branch Office Form may accompany a new company filing on the License Application Form, or may follow the License Application Form later. A fully completed NH Branch Office Form must be submitted to New Hampshire when the *applicant/licensee* is filing for branch authorization/licensure for the first time.
 - The execution section must include an original manual signature under penalty of unsworn falsification pursuant to NH RSA 641:3.
 - Type or print all information.
 - Use only the current version of the NH Branch Office Form or a reproduction of it.
- ATTACHMENTS**
 - File an Individual Disclosure Form, a *Criminal History Record Information Authorization Form*, fingerprint card and a fee in the amount of \$55.25 made payable to “State of NH – Criminal Records”, for each branch manager identified in item 5 and 5a of this NH Branch Office Form.
 - Submit copies of any written agreements or contracts between the applicant/licensee and any NH branch office.

C. EXPLANATION OF TERMS – The following terms are italicized throughout the NH Branch Office form

APPLICANT/LICENSEE – The company that is newly applying on or amending information on this form for a branch license. The only instance in which the *applicant/licensee* is an individual is in the case of a sole proprietorship.

JURISDICTION - The federal government, a foreign government, a state, the District of Columbia, the Commonwealth of Puerto Rico, or any subdivision or regulatory body thereof.

FINANCIAL SERVICES OR FINANCIAL SERVICES-RELATED – Pertaining to securities, commodities, banking, insurance, consumer lending, debt adjustment, money transmission or real estate (including, but not limited to, acting as or being associated with a bank or savings association, credit union, mortgage lender, mortgage broker, mortgage servicer, closing agent, title company, or escrow agent).

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

BRANCH LICENSE FEES: <input type="checkbox"/> Sales Finance Company \$100 <input type="checkbox"/> Small Loan Lender \$450 <input type="checkbox"/> Retail Seller \$ 30 <input type="checkbox"/> Debt Adjuster \$500	<p align="center">NH BRANCH OFFICE FORM</p> <p><i>Applicant or</i> Licensee full legal name: _____ _____</p> <p>and Tax ID No. _____</p>	<p align="center">OFFICIAL USE ONLY</p> <hr/> <p align="center">FOR OFFICE USE ONLY</p> Ck. # _____ Amt.\$ _____ Rec'd by _____ Date _____ ***** Entered By _____ Date _____ App. Complete Date _____ Approved By _____ Date _____
Make Check Payable To: "State of New Hampshire"	Date of Filing: _____ Effective Date: _____	

WARNING: Failure to keep this form current and to file accurate supplementary information on a timely basis, or the failure to keep accurate books and records or otherwise to comply with the provisions of law pertaining to the conduct of business for which you are applying or are licensed may violate the laws of New Hampshire and may result in disciplinary, administrative, injunctive or criminal action.

File an Individual Disclosure Form, a Criminal History Record Information Authorization Form, fingerprint card and fee for each branch manager identified in item 5 and 5a.

1. NEW BRANCH APPLICATION SURRENDER AMENDMENT *Complete only the item(s) being amended.*

2. _____ Physical address (Number and Street) _____ Physical City, State/Country, Zip+4/Postal Code	2a. _____ NEW Physical address (Number and Street) _____ NEW Physical City, State/Country, Zip+4/Postal Code
3. _____ Mailing address or P.O. Box (if applicable) _____ Mailing address City, State/Country, Zip+4/Postal Code	3a. _____ NEW Mailing address or P.O. Box (if applicable) _____ NEW Mailing address City, State/Country, Zip+4/Postal Code
4. _____ Business (Area Code) and Telephone Number _____ Fax (Area Code) and Number _____ Branch e-mail _____ Branch website _____	4a. _____ NEW Business (Area Code) and Telephone Number _____ NEW Fax (Area Code) and Number _____ NEW Branch e-mail _____ NEW Branch website _____
5. _____ Branch Manager Name _____ Branch Manager's Supervisor's Name _____	5a. _____ NEW Branch Manager Name _____ NEW Branch Manager's Supervisor's Name _____

EXECUTION: The undersigned, under penalty of unsworn falsification NH RSA 641:3, swears that he/she is an officer of the *applicant or licensee* and has executed this form on behalf of, and with the authority of, said *applicant or licensee*. The undersigned and *applicant or licensee* represent 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. The undersigned and *applicant* further represent that to the extent any information previously submitted is not amended such information is currently accurate and complete.

Date (MM/DD/YYYY)	Signature of authorized party	Title
-------------------	-------------------------------	-------

This execution must always be completed in full with original, manual signature.

Applicant/Licensee full legal name: _____

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

Organization Name (if different from *applicant*) or Records Custodian Name

Area Code

Telephone Number

Number and Street

City

State

Country

Zip+4/Postal Code

7. Enter appropriate number in the box(es) for each *jurisdiction* by location:
 Enter "1" if *applicant* is **newly applying** in that *jurisdiction* for a branch office license/registration.
 Enter "2" if *applicant* has a **pending application** in that *jurisdiction* for a branch office license/registration.
 Enter "3" if *applicant* is **already licensed/registered** in that *jurisdiction* as a branch office.

Alabama		Georgia		Maryland		New Mexico		South Dakota	
Alaska		Guam		Massachusetts		New York		Tennessee	
Arizona		Hawaii		Michigan		North Carolina		Texas – OCCC	
Arkansas		Idaho		Minnesota		North Dakota		Texas – SML	
California – DOC		Illinois		Mississippi		Ohio		Utah	
California – DRE		Indiana		Missouri		Oklahoma		Vermont	
Colorado		Iowa		Montana		Oregon		Virginia	
Connecticut		Kansas		Nebraska		Pennsylvania		Washington	
Delaware		Kentucky		Nevada		Puerto Rico		West Virginia	
District of Columbia		Louisiana		New Hampshire		Rhode Island		Wisconsin	
Florida		Maine		New Jersey		South Carolina		Wyoming	

8.	Will this branch office and/or individuals at this branch office operate pursuant to a written agreement or contract with the <i>applicant's</i> main office? If "yes" provide a copy(ies) of the agreement(s)/contract(s).	YES <input type="checkbox"/>	NO <input type="checkbox"/>
9.	Will this branch office have sole responsibility for decisions relating to individuals originating or soliciting loans or services: (a) with respect to employment? (b) with respect to compensation?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
10.	Does any <i>person</i> , other than the <i>applicant</i> , have responsibility, directly or indirectly, for paying the expenses of this branch office or otherwise have a financial interest in this branch office or its activities? (a) If yes, provide an explanation of the expense payment and/or financial interest arrangement: (b) If yes, provide the following information for each <i>person</i> responsible for the expenses or with a financial interest:	YES <input type="checkbox"/>	NO <input type="checkbox"/>

FULL LEGAL NAME OF PERSON (Individuals: Last Name, First Name, Middle Name)	Address, City, ST, Zip	Telephone	SSN, IRS Tax No. or Employer ID	Separately Licensed?	
				YES	NO
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>