State of New Hampshire

Banking Department

53 Regional Drive, Suite 200
Concord, NH 03301

Glenn A. Perlow
Bank Commissioner

Telephone: (603) 271-3561
Fax: (603) 271-0750
Licensing: (603) 271-8675
www.nh.gov/banking

DEBT ADJUSTER LICENSE APPLICATION FORM

General Instructions

Use this form when newly applying for a license or when amending information on file with the department. When terminating or surrendering a NH debt adjuster license use the NH License Surrender/Expiration Form available on our website at www.nh.gov/banking/consumer-credit.

1. **New Application:** Use this form when newly applying for a license. Answer all questions, complete all forms and pay appropriate fees. See detailed instructions below.
2. **Amendment Filing:** Use this form to amend information on file with the department. The required fields to complete are the "Date of Filing", the "Effective Date", check off "Amendment", and complete 1A and 1B; then you only need to enter and circle the information on the form that is being amended (information that has changed from what is on file with the department). To amend information on Schedules A & B (principals of the company), use Schedule C which you may obtain from our website at www.nh.gov/banking/consumer-credit.
3. **Surrender or Expiration:** When a licensed company surrenders its license or allows it to expire without renewal at year end it must file a NH License Surrender/Expiration form. Go to our website at www.nh.gov/banking/consumer-credit and download the NH License Surrender/Expiration form and follow its directions.

New Application Instructions

The principal office of the *applicant* must be licensed wherever it is located. The initial fee for a debt adjuster license is $500 for the principal location. Only those business locations of the *applicant* that are located in New Hampshire must be licensed as branches (use the NH Branch Office Form included with this application and pay the $500 fee for each NH branch).

Please make sure the following are included with the application:

1. Debt Adjusters must submit an original $25,000 continuous surety bond on the form included with this application. We cannot accept copies of the bond; we must have the originally executed bond. The bond must be signed by three people: 1) an authorized officer of the company that is the applicant or licensee, 2) an individual with a power of attorney who may sign on behalf of the surety company, and 3) [the countersignature] an insurance agent of the surety company who is duly licensed by the New Hampshire Insurance Department (does not have to be a resident agent; any NH licensed agent of the company may sign). All three signature lines must be signed.
2. Debt Adjusters who, as part of their debt adjustment services, transmit money must increase their surety bond to a $100,000 continuous surety bond or become licensed as money transmitters in this state.
3. Foreign (not formed in New Hampshire) *applicants* must appoint a NH agent. The agent must have a NH business address open during normal business hours. If the *applicant* does not maintain a NH office, Banking Department examinations of the *licensee*'s books and records may take place at the NH agent's location.
4. Foreign (not formed under NH law) corporations, foreign limited liability companies and foreign partnerships must provide a copy of their home state registration and proof of registration as a foreign corporation, foreign limited liability company or foreign partnership issued by the NH Secretary of State. (Telephone Number: 603-271-3244 or 603-271-3246; www.nh.gov/sos/corporate)
5. Foreign and domestic *applicant*s who propose to use a trade name in NH must provide proof of trade name registration issued by the NH Secretary of State. (Telephone Number: 603-271-3244 or 603-271-3246) The "Owner" of the trade name listed on the registration must match the name of the *applicant*. If these are not the same, ownership must be changed through the Secretary of State's office.
6. *Applicants* must provide organizational documents as follows: corporations must submit a copy of their Articles of Incorporation and By-Laws, and any amendments thereto; Partnerships must submit a copy of the Partnership or Limited Partnership Agreement and any amendments thereto; and Limited Liability Companies must submit copies of their Articles of Organization, any Management Agreements that exist, and any amendments to either.
7. Financial statements must be consistent with the legal status of the *applicant*. Corporations must provide the corporation's financial statements. If the financial statements are more than 6 months old, additionally provide interim balance sheet and income statement as of the *applicant*'s last quarter end. Individuals, sole proprietors, partnerships, limited liability companies and closely held corporations must also submit a copy of the most recent federal business income tax returns (1120, 1120-S, and K-1s).
8. An Organizational Chart showing ownership of the company
9. A list of names and Tax ID numbers of applicable owners, officers, directors, members, partners, trustees, beneficiaries and NH

branch managers must be provided on Schedules A & B on this form. The instructions to those schedules explain the reporting thresholds. File an Individual Disclosure Form, a Criminal History Record Information Authorization Form and fingerprint card and fee for each individual on the schedules.

Criminal Records checks are conducted by the State of New Hampshire Department of Safety, State Police Division. The Department of Safety charges a $51.50 fee to cover costs for each record check. A copy of the *Department of Safety Division of State Police Criminal History Record Information Authorization Form* follows these instructions. You may make copies of this form, and then complete a form for each individual listed on Schedule A & B of this form as well as certain control persons listed on this application.. Complete all items in Section I, and make sure to sign the release information in Section II of the form and have the form notarized. **All checks and money orders for the record checks must be made payable to "State of NH – Criminal Records." Fingerprints must be submitted in order to complete the criminal background checks.** To request fingerprint card(s), which must be on a New Hampshire State Police fingerprint form, you may submit a form from our website www.nh.gov/banking/consumer-credit, call ***(603) 271-8675*** or e-mail ***licensing@banking.state.nh.us*** the licensing section at the Banking Department, indicate the number of cards needed and the address where they should be sent (only one address; the *applicant* or *licensee* is responsible for distribution to applicable persons within their organization) and we will send fingerprint cards out to you right away.

10. Submit a *Criminal History Record Information Authorization Form*, fingerprint card and a fee in the amount of **$51.50 (payable to "State of NH – Criminal Records"**, for each individual listed on Schedules A & B of this form, to the Banking Department. We will forward the document(s) and check(s) to the Department of Safety. Fees covering multiple individuals may be combined into one check.

11. Submit specimens of all contracts and agreements that will be used with Consumers in New Hampshire. Please review the contracts prior to submitting them to ensure that the requirements of RSA 399-D:11, 14, 15, 16, 17, 20, 21, and 26 for debt adjusters contracts and business conduct will be met (the statute is available on our website at www.nh.gov/banking/consumer-credit).

12. Applicable definitions:
    A. "Applicant" – The debt adjuster applying or amending information on this form. The only instance in which the *applicant* is an individual is in the case of a sole proprietorship.
    B. "Control" – The power, directly or indirectly, to direct the management or policies of a company, whether through ownership of securities, by contract, or otherwise. Any *person* that (i) is a director, general partner or officer exercising executive responsibility (or having similar status or functions); (ii) directly or indirectly has the right to vote 10% or more of a class of a voting security or has the power to sell or direct the sale of 10% or more of a class of voting securities; or (iii) in the case of a partnership, has the right to receive upon dissolution, or has contributed, 10% or more of the capital, is presumed to control that company.
    C. "Direct Owner" means any person, including individuals, that owns, beneficially owns, has the right to vote, or has the power to sell or direct the sale of 10% or more the *applicant* or *licensee*.
    D. "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).
    E. "Indirect Owner" means, with respect to direct owner and other indirect owners in a multilayered organization:
        (a) in the case of an owner that is a corporation, each of its shareholders that beneficially owns, has the right to vote, or has the power to sell or direct the sale of, 25% or more of that corporation;
        (b) in the case of an owner that is a partnership, all general partners and those limited and special partners that have the right to receive upon dissolution, or have contributed, 25% or more of the partnership's capital;
        (c) in the case of an owner that is a trust, the trust, each trustee and each beneficiary of 25% or more of the trust;
        (d) in the case of an owner that is a Limited Liability Company ("LLC"), (i) those members that have the right to receive upon dissolution, or have contributed, 25% or more of the LLC's capital, and (ii) if managed by elected managers, all elected managers; and
        (e) in the case of an indirect owner, the parent owners of 25% or more of their subsidiary.
    F. "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.
    G. "Licensee" – The debt adjuster that holds a New Hampshire license and is amending information on this form.
    H. "Person" means an individual, corporation, business trust, estate, trust, partnership, association, 2 or more persons having a joint or common interest, or any other legal or commercial entity however organized.
    I . "Principal" of the *applicant* or *licensee* means an owner with 10 percent or more ownership interest, corporate officer, director, member, general or limited liability partner, limited partner with 10 percent or more ownership interest, trustee, beneficiary of 10 percent or more of the trust that owns the *applicant* or *licensee*, executive officer, senior manager, and certain contact persons listed on this application. New Hampshire branch manager, and any person occupying similar status or performing similar functions. New Hampshire branch managers are *principals* of the company, but are reported on the NH Branch Office Form rather than on Schedule A of this License Application/Amendment Form.

Please make sure that all items on the application form are completed and all attachments, numbered to correspond to the question or item to which they respond, are enclosed with the application filing. Please include the *applicant*'s name on each attachment. Inclusion of a list/index of attachments is recommended. Care in providing all the required information will result in the filing of a complete application and will enable us expeditiously to review the application without the need to write for further information.

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FOR OFFICE USE ONLY	NEW HAMPSHIRE DEBT ADJUSTER APPLICATION FORM	DEBT ADJUSTER ☐ $500
Ck. # _____ Amt.$_____ Rec'd by _____ Date _____ ********** Entered By_____ Date_____ App. Complete Date _____ Approved By _____ Date _____	Date of Filing: _____ Effective Date: _____	NH BRANCH OFFICES, ENTER TOTAL @ $500 EACH $_____ FEES APPLY FOR NEW LICENSE ONLY, NOT FOR AMENDMENTS Make Check Payable To: "STATE OF NEW HAMPSHIRE"

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, may violate the laws of the State of New Hampshire and may result in disciplinary, administrative, injunctive or criminal action.

INTENTIONAL MISSTATEMENTS OR OMISSIONS OF FACTS MAY CONSTITUTE CRIMINAL VIOLATIONS.

NEW APPLICATION ☐ AMENDMENT ☐ ***To amend, circle item(s) being amended.***

1. Exact name, principal business address, mailing address, if different, and telephone numbers of *applicant:*

A. Full legal name of *applicant*:
(if sole proprietor, provide last, first and middle name)

B. IRS Employer Identification Number
(Social Security No is allowed for sole proprietorship)

_____ _____

C. (1) Trade Name under which business primarily is or will be conducted in New Hampshire, if different from Item 1A (attach copy of NH Trade Name registration issued by the NH Secretary of State).

_____

(2) List any other name(s) by which the *applicant* conducts or will conduct business and the *jurisdiction(s)* in which the name(s) are or will be used (Use additional sheets as necessary).

1. Name	*Jurisdiction*	2. Name	*Jurisdiction*
3. Name	*Jurisdiction*	4. Name	*Jurisdiction*

D. If this filing makes a name change on behalf of the *applicant*, enter the new name and specify whether the name change is of the ☐ *applicant* name (1A) or ☐ business trade name (1C): _____

E. Main address: (Do not use a P.O. Box)

_____
Number and Street City State/Country Zip+4/Postal Code

F. Mailing address, if different:

_____
PO Box or Number and Street City State/Country Zip+4/Postal Code

G. Telephone Numbers and Website address:

Business phone
_____
Area Code Telephone Number

Fax line
_____
Area Code Telephone Number

_____
website address #1

_____
website address #2

H. Other than the office in 1E, does the *applicant* conduct business with consumers through branch offices located in New Hampshire?
☐ YES ☐ NO (Branch office located In New Hampshire must be approved and licensed prior to conducting business. Use the NH Branch Office Form included with this application.)

I. Contact Employee (President, Chief Executive Officer or Senior Partner of *Applicant*): **(This is an individual who directs the management and sets policies of the company.) A NH Individual Disclosure Form and background check authorization are required.**

Name and Title | Area Code Telephone Number

Number and Street | City | State/Country | Zip+4/Postal Code

E-mail Address | Fax Number

J. Principal Licensing Contact Person (This is the individual who may sign this application form and to whom all licensing questions and issues will be addressed. The named individual must be authorized by the company to make sworn statements and attestations on behalf of the company where required as part of the application and/or renewal process. **(If this individual has decision-making authority and can speak on behalf of the company, A NH Individual Disclosure Form and background check authorization are required; if the duties of this position are clerical or administrative, it is not required.)** The Principal Contact Licensing Person may be the same as the person named in 1I above):

Name and Title | Area Code Telephone Number

Number and Street | City | State/Country | Zip+4/Postal Code

E-mail Address | Fax Number

K. Employee authorized to respond to consumer complaints: **(This is the individual who has the authority to represent the company in dealing with consumer complaints, not merely a clerical or administrative contact person.) A NH Individual Disclosure Form and background check authorization are required.**

Name and Title | Area Code Telephone Number

Number and Street | City | State/Country | Zip+4/Postal Code

E-mail Address | Fax Number

L. Employee to contact regarding legal/litigation matters: **(This is the individual who has the authority to speak for the company on legal and litigation matters and not merely a clerical or administrative contact person.**) **A NH Individual Disclosure Form and background check authorization are required.**

Name and Title | Area Code Telephone Number

Number and Street | City | State/Country | Zip+4/Postal Code

E-mail Address | Fax Number

M. Employee to contact regarding examination matters: **(This is the individual who has the authority to speak for the company regarding examination matters and not merely a clerical or administrative contact person.) A NH Individual Disclosure Form and background check authorization are required.**

Name and Title | Area Code Telephone Number

Number and Street | City | State/Country | Zip+4/Postal Code

E-mail Address | Fax Number

N. Physical address of location where the official books and records of the *applicant* 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

2. Enter appropriate number in the box(es) for each *jurisdiction:*
Enter "1" if *applicant* **is newly applying** in that *jurisdiction* as a debt adjuster (DA).
Enter "2" if *applicant* has a **pending application** in that *jurisdiction* as a debt adjuster (DA).
Enter "3" if *applicant* **is already licensed/registered** in that *jurisdiction* as a debt adjuster (DA).

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

3. A. Indicate legal status of *applicant.*

☐ Corporation ☐ Sole Proprietorship ☐ Other *(specify)* _____
☐ Partnership ☐ Limited Liability Company

B. *Applicant's* fiscal year end (MM/DD): _____

C. (i) If other than a sole proprietorship, indicate date and place *applicant* obtained its legal status (i.e., state or country where incorporated, where partnership agreement was filed, or where *applicant* entity was formed) and attach copy of Certificate of Incorporation or Certificate of Formation issued by the appropriate agency of the state of incorporation/formation :

State & Country of formation: _____ Date of formation (MM/DD/YYYY): _____

D. If *applicant* is a publicly traded corporation, please insert stock symbol and the name of at least one exchange upon which the *applicant's* securities are traded: _____

E. Foreign (not formed in New Hampshire) entities must appoint and maintain at all times a registered agent in New Hampshire. If the *applicant* has a NH branch office, an individual in that office may be appointed as the NH registered agent. If the *applicant does not have* a NH branch office or does not wish to appoint someone in a branch office, the *applicant* must appoint another person located in NH to be the NH registered agent. The agent's office must be open during regular business hours. Banking Department examinations of the *licensee*'s books and records may take place at the registered agent's office.

Name of Agent: _____ Telephone: _____

Complete address of NH Agent: _____
(Provide a NH business address to include the actual physical location, street, town or city and zip):

Mailing Address of Agent (if different): _____

	YES	NO
4. A. Directly or indirectly, does *applicant control*, is *applicant controlled* by, or is *applicant* under common *control* with, any *person* that is engaged in the business of a debt adjuster? *If no, go to 4B.*	☐	☐

The Partnership, Corporation, or Organization _____

(check only one for each relationship, attach additional copies as needed) Partnership, Corporation, or Organization Name

☐ *controls applicant* ☐ is *controlled* by *applicant* ☐ is under common *control* with *applicant*

_____
Number and Street City State/Country Zip+4/Postal Code

Briefly describe the *control* relationship, including an organizational chart which shows the relationship. Use additional sheets for comments if necessary. _____

	YES	NO
B. Directly or indirectly, is *applicant controlled* by any of the following? *If no, go to 5.*	☐	☐

☐Bank Holding Company ☐National Bank ☐State Member Bank of the Federal Reserve System
☐State Non-Member Bank ☐Savings Association/Savings Bank ☐Credit Union ☐Foreign Bank ☐Thrift Holding Company

_____
Financial Institution Name

_____
Number and Street City State/Country Zip+4/Postal Code

Briefly describe the *control* relationship, including an organizational chart which shows the relationship. Use additional sheets for comments if necessary. _____

C. Schedule A and, if applicable, Schedule B must be completed as part of all initial applications to identify principals of the *applicant*. Amendments to Schedules A and B must be provided on Schedule C as changes occur.

5. **Customer Funds**		
A. Has the *applicant* ever made an assignment for the benefit of creditors? If "yes" briefly describe. _____	YES ☐	NO ☐
B. Has the *applicant* ever defaulted in the payment of money collected for others? If "yes" briefly describe. _____	YES ☐	NO ☐
C. Has the *applicant* ever defaulted in the payment of money due to any creditor? If "yes" briefly describe. _____	YES ☐	NO ☐
6. Will *applicant* engage in any non-debt adjuster-related business? If "yes" briefly describe. _____	YES ☐	NO ☐
7. Will *applicant* occupy or share space with any *person(s)* engaged in *financial services-related* activity? If "yes," provide the name(s) of the other *person(s)*. _____	YES ☐	NO ☐

8. If the answer to any of the following is "YES", provide complete details of all events or *proceedings* in an attachment. Refer to the explanation of terms section of the instructions for explanations of italicized terms. **Remember to file updates to these disclosures as needed.**

Criminal Disclosure

	YES	NO
A. Has the *applicant* or a *control affiliate* ever:		
(1) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to any *felony*?	☐	☐
(2) been *charged* with any *felony*?	☐	☐
B. In the past ten years has the *applicant* or a *control affiliate*:		
(1) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to a *misdemeanor involving*: *financial services* or a *financial services-related* business or any fraud, false statements or omissions, theft or any wrongful taking of property, bribery, perjury, forgery, counterfeiting, extortion, or a conspiracy to commit any of these offenses?	☐	☐

been *charged* with a *misdemeanor* specified in 8B(1)?

	☐	☐

Regulatory Action Disclosure

	YES	NO
C. Has any State or federal regulatory agency or *foreign financial regulatory authority* ever:		
(1) *found* the *applicant* or a *control affiliate* to have made a false statement or omission or been dishonest, unfair or unethical?	☐	☐
(2) *found* the *applicant* or a *control affiliate* to have been *involved* in a violation of a *financial services-related* regulation(s) or statute(s)?	☐	☐
(3) *found* the *applicant* or a *control affiliate* to have been a cause of a *financial services-related* business having its authorization to do business denied, suspended, revoked or restricted?	☐	☐
(4) entered an *order* against the *applicant* or a *control affiliate* in connection with a *financial services-related* activity?	☐	☐
(5) denied, suspended, or revoked the *applicant's* or a *control affiliate's* registration or license or otherwise, by *order*, prevented it from associating with a *financial services-related* business or restricted its activities?	☐	☐
D. Has the *applicant's* or a *control affiliate's* authorization to act as an attorney, accountant, or State or federal contractor ever been revoked or suspended?	☐	☐
E. Is the *applicant* or a *control affiliate* now the subject of any regulatory *proceeding* that could result in a "yes" answer to any part of 8C?	☐	☐

Civil Judicial Disclosure

F. (1) Has any domestic or foreign court:		
(a) in the past ten years *enjoined* the *applicant* or a *control affiliate* in connection with any *financial services-related* activity?	☐	☐
(b) ever *found* the *applicant* or a *control affiliate* was *involved* in a violation of any *financial services-related* statute(s) or regulation(s)?	☐	☐
(c) ever dismissed, pursuant to a settlement agreement, a *financial services-related* civil action brought against the *applicant* or *control affiliate* by a State or *foreign financial regulatory authority*?	☐	☐
(2) Is the *applicant* or a *control affiliate* named in any pending *financial services-related* civil action that could result in a "yes" answer to any part of 8F(1)?	☐	☐

Financial Disclosure

G. In the past ten years has the *applicant* or a *control affiliate* been a debt adjuster or a *control affiliate* of a debt adjuster that has been the subject of a bankruptcy petition?	☐	☐
H. Has a bonding company ever denied, paid out on, or revoked a bond for the *applicant*?	☐	☐
I. Does the *applicant* have any unsatisfied judgments or liens against it?	☐	☐

9. Operations

Provide the name and address of each bank (or other financial institution) where accounts will be established to meet the requirements of:

A. RSA 399-D:21, separate bank account for the benefit of creditors; and B. BAN 3702.02, debtors' trust account. Attach a separate sheet if necessary.	☐	☐

Name/Bank or Financial Institution	Account Number	Company's Address	Zip

ATTACHMENTS REQUIRED TO BE FILED AS PART OF THE APPLICATION

BONDING

10. Debt Adjusters must submit a $25,000 surety bond. We cannot accept copies of the bond; we must have the originally executed bond. The bond must be signed by three people: 1) an authorized officer of the company that is the *applicant* or *licensee*, 2) an individual with a power of attorney (attach a copy of the POA) who may sign on behalf of the surety company, and 3) [the counter-signature] an insurance agent of the surety company who is duly licensed by the New Hampshire Insurance Department (does not have to be a

resident agent; any NH licensed agent of the company may sign). All three signature lines must be originally signed.

Copies of the bond form are attached to this application form and are found on our website at www.nh.gov/banking/consumer-credit.

Provide name and telephone number of insurance agent to contact regarding the bond:

_____

(Name) (Telephone)

FORM U-2, UNIFORM CONSENT TO SERVICE OF PROCESS

11. Attach Form U-2 (see form and instructions that are attached to this application form).

ORGANIZATION AND QUALIFICATION PAPERS

12. A. *Applicants* organized under the laws of the State of NH must submit a copy of the Certificate of Formation issued by the NH Secretary of State. Foreign (not formed under NH law) corporations, foreign limited liability companies and foreign partnerships must provide a copy of their home state registration and proof of registration as a foreign corporation, foreign limited liability company or foreign partnership issued by the NH Secretary of State (Certificate of Authority; Telephone Number: 603-271-3244 or 603-271-3246; www.nh.gov/sos/corporate).

B. *Applicant*s must provide organizational documents as follows: corporations must submit a copy of their Articles of Incorporation and By-Laws and any amendments thereto; Partnerships must submit a copy of the Partnership or Limited Partnership Agreement and any amendments thereto; and Limited Liability Companies must submit copies of their Articles of Organization, any Management Agreements that exist, and any amendments to either. **Companies should also submit an organizational chart.**

C. Foreign and domestic *applicant*s who propose to use a trade name in NH must provide proof of trade name registration issued by the NH Secretary of State. (Telephone Number: 603-271-3244 or 603-271-3246) The "Owner" of the trade name listed on the registration must match the name of the "*Applicant*". If these are not the same, ownership must be changed through the Secretary of State's office.

FINANCIAL CONDITION

13. All *applicants* must submit financial statements; debt adjusters must maintain a positive net worth at all times. Submit:

A. Copies of the following that are prepared in accordance with generally accepted accounting principles by a public accountant, certified public accountant (audited statements are required if an audit was performed), or the *applicant's* financial officer who must include an attestation, signed under penalty of Unsworn Falsification pursuant to NH RSA 641:3, that the financial statements are true and accurate to the best of his or her belief and knowledge:

1. Balance sheet as of the last fiscal year end and as of the most recent quarter end.
2. Cash flow statement as of the last fiscal year end and as of the most recent quarter end.
3. Income statement as of the last fiscal year end and as of the most recent quarter end.
4. Note disclosures for the above.

B. Individuals, sole proprietors, partnerships, limited liability companies and corporations with 20 or fewer shareholders must also attach the *applicant's* most recent federal tax return.

C. Publicly traded corporations, and wholly owned subsidiaries of publicly traded corporations, may submit copies of their most recent SEC 10K and 10Q forms in lieu of financial statements required by 16A if the financial statements reflect the operations and financial position of the *applicant* itself.

D. If the financial statement is more than 6 months old, additionally provide an interim balance sheet and income statement as of the *applicant's* last quarter end.

DEBT ADJUSTER CONTRACTS

14. Attach specimen copies of all contracts and agreements that the *applicant* will use.

WARNING: Failure to keep this entire application/amendment licensing form current and to file accurate supplementary information on a timely basis, or otherwise to comply with the provisions of law pertaining to the conduct of business in New Hampshire violates the laws of New Hampshire and may result in disciplinary, administrative, injunctive or criminal action.

INTENTIONAL MISSTATEMENTS OR OMISSIONS OF FACTS MAY CONSTITUTE CRIMINAL VIOLATIONS.

THE PERSON NAMED AS THE CONTACT EMPLOYEE IN ITEM NO. 1,I OR AS THE PRINCIPAL LICENSING CONTACT NAMED IN ITEM NO. 1,J OF THIS APPLICATION FORM, MUST MAKE THE AFFIRMATION BELOW AND SIGN THE APPLICATION UNDER PENALTY OF UNSWORN FALSIFICATION, RSA 641:3: AFFIRMATION

I subscribe and affirm, under penalty of perjury, that the statements made in this application, including statements made in any accompanying papers, schedules and attachments have been examined by me and to the best of my knowledge and belief are true, correct and complete, and that I am duly authorized to execute this affirmation. I understand that any misrepresentation made to the banking department may result in denial or revocation of the license to which this form relates.

I agree, on behalf of the Applicant, that pursuant to NH RSA 399-D:15,VII, the Applicant will promptly report and amend documents and records on file with the New Hampshire Banking Department for any material changes (including but not limited to change in owners, officers, directors, managers including NH branch managers, address, form of organization, contact information, FYE, etc.). The report of an amendment must be filed within 30 days of the event that requires the filing of an amendment.

I acknowledge on behalf of the applicant that the applicant's business, if licensed, will be operated in accordance with the New Hampshire Revised Statutes Annotated and rules of the New Hampshire Banking Department, and further acknowledge that the New Hampshire Banking Department is authorized to conduct examinations of the business affairs and records of the applicant's

licensed business at any time with or without notice, and that all books, papers, files, related material, and records of assets, whether electronically stored or otherwise, shall be subject to the Department's examination.

Date: _____

For_____
(Print or type Applicant's or Licensee's name)

By _____
(Print or type name of the authorized signatory)

Signature _____
(Signed under penalty of Unsworn Falsification pursuant to NH RSA 641:3)

Title _____

NH Schedule A **DIRECT OWNERS AND EXECUTIVE OFFICERS** (Answer for Item 4 of the NH Application/Amendment Form)	*Applicant* full legal name: _____ Date: _____	

1. **Use Schedule A** only in new applications to provide information on the *direct owners* and *principals* of the *applicant*. Under NH law, "***principal***" of the *applicant* or *licensee* includes owners and beneficiaries of 10 percent or more of the *applicant*, and each corporate officer, director, executive officer, senior manager, member, general partner, limited liability partner or limited partner with 10 percent or more ownership interest, trustee, beneficiary of 10 percent or more of the trust that owns the *applicant* or *licensee*, senior manager, and any person occupying similar status or performing similar functions. **Use Schedule B** in new applications to provide information on *indirect owners*. File all amendments to Schedules A & B on Schedule C. **Complete each column.**

2. ***Principals and Direct Owners:*** list below the names of:
   (a) each *principal*;
   (b) in the case of an *applicant* that is a corporation, each shareholder that directly owns 10% or more of a class of a voting security of the *applicant*, unless the *applicant* is a publicly traded company; Direct owners include any *person* that owns, beneficially owns, has the right to vote, or has the power to sell or direct the sale of, 10% or more of a class of a voting security of the *applicant*. For purposes of this Schedule, a *person* beneficially owns any securities (i) owned by his/her child, stepchild, grandchild, parent, stepparent, grandparent, spouse, sibling, mother-in-law, father-in-law, son-in-law, daughter-in-law, brother-in-law, or sister-in-law, sharing the same residence; or (ii) that he/she has the right to acquire, within 60 days, through the exercise of any option, warrant or right to purchase the security. Sole proprietors are 100% owners of their business;
   (c) in the case of an *applicant* that is a partnership, all general partners and those limited and special partners that have the right to receive upon dissolution, or have contributed, 10% or more of the partnership's capital;
   (d) in the case of a trust that directly owns 10% or more of a class of a voting security of the *applicant*, or that has the right to receive upon dissolution, or have contributed, 10% or more of the *applicant's* capital, the trust, each 10% or more beneficiary of the trust and each trustee; and
   (e) in the case of an *applicant* that is a Limited Liability Company ("LLC"), (i) all members and (ii) if managed by elected managers, all elected managers.
   (f) **Submit an Individual Disclosure Form, a Criminal History Record Information Authorization Form, fingerprint card and fingerprint fee for each individual listed on Schedule A.**
   (g) **NH branch managers** are *principals* of the company, but must be reported on the NH Branch Office Application Form (not on this Schedule) and an Individual Disclosure Form, a Criminal History Record Information Authorization Form, fingerprint card and fingerprint fee must be submitted for each NH branch manager.

3. Are there any indirect owners of the *applicant* required to be reported on Schedule B? ☐ Yes ☐ No

4. Complete the "Title or Status" column by entering board/management titles; status as a partner, trustee, sole proprietor, or shareholder; and for shareholders, the class of securities owned (if more than one is issued).

5. In the "Publicly Traded" column, if the owner is a publicly traded company, enter the stock symbol; otherwise enter "NA".

FULL LEGAL NAME (Individuals: Last Name, First Name, Middle Name)	Title or Status	% Ownership		Publicly Traded	S.S. No., IRS Tax No. or Employer ID

NH Schedule B **INDIRECT OWNERS** (Answer for Item 4 on the NH Application/Amendment Form)	*Applicant* full legal name: _____ Date: _____	

1. Use Schedule B only in new applications to provide information on the *indirect* owners of the *applicant*. Use Schedule A in new applications to provide information on *direct* owners. File all amendments to Schedules A & B on Schedule C. **Complete each column.**

2. ***Indirect owners***: with respect to each owner listed on Schedule A (except individual owners), list below:
   (a) in the case of an owner that is a corporation, each of its shareholders that beneficially owns, has the right to vote, or has the power to sell or direct the sale of, 25% or more of a class of a voting security of that corporation;
   For purposes of this Schedule, a *person* beneficially owns any securities (i) owned by his/her child, stepchild, grandchild, parent, stepparent, grandparent, spouse, sibling, mother-in-law, father-in-law, son-in-law, daughter-in-law, brother-in-law, or sister-in-law, sharing the same residence; or (ii) that he/she has the right to acquire, within 60 days, through the exercise of any option, warrant or right to purchase the security.
   (b) in the case of an owner that is a partnership, **all** general partners and those limited and special partners that have the right to receive upon dissolution, or have contributed, 25% or more of the partnership's capital;
   (c) in the case of an owner that is a trust, the trust, each beneficiary of 25% or more of the trust and each trustee; and
   (d) in the case of an owner that is a Limited Liability Company ("LLC"), (i) those members that have the right to receive upon dissolution, or have contributed, 25% or more of the LLC's capital, and (ii) if managed by elected managers, all elected managers.
   (e) **Submit an Individual Disclosure Form, a Criminal History Record Information Authorization Form, fingerprint card and fingerprint fee for each individual listed on Schedule B.**

3. Continue up the chain of ownership listing all 25% or more owners at each level. Once a public reporting company is reached, no ownership information further up the chain of ownership need be given.

4. Complete the "Status" column by entering status as a partner, trustee, shareholder, member etc. and if shareholder, class of securities owned (if more than one is issued).

5. In the "Publicly Traded" column, if the owner is a publicly traded company, enter the stock symbol; otherwise enter "NA".

FULL LEGAL NAME (Individuals: Last Name, First Name, Middle Name	Entity in Which Interest is Owned	Status	% Ownership	Publicly Traded	S.S. No., IRS Tax No. or Employer ID

Glenn A. Perlow
Bank Commissioner

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

SCHEDULE C AMENDMENT INSTRUCTIONS

OWNERSHIP AND MANAGEMENT – USE THIS FORM TO ENTER CHANGES AND UPDATES TO THE NH LICENSE APPLICATION FORM SCHEDULES A & B (THE SCHEDULE OF PRINCIPALS & OWNERS OF THE COMPANY)

1. Licensed and registered companies must amend the information about the *principals*, *direct* and *indirect owners* of the company within 30 days of an event that changes the information on file with the NH Banking Department. Use this Schedule C to amend that information. You may add, delete or change information about a *principal* of the company using this form. When adding a new individual as a *principal* of the company, you must attach an Individual Disclosure Form, a Criminal History Record Information Authorization Form, fingerprint card and records check fee for each individual added. Forms may be obtained at www.nh.gov/banking/consumer-credit.
2. On the company's initial license application, Schedule A was used to report *direct owners* (including corporate, other types of organizations and individuals) & other p*rincipals*. Use Item No. 3 of Schedule C to change information about d*irect owners* & other p*rincipals.*
3. On the company's initial NH license application, Schedule B was used to report i*ndirect owners*. Use Item No. 4 of Schedule C to report changes of information about i*ndirect owners.*
4. A licensed company that applied on an application that did not have "Schedules A and B" provided the same information to the NH Banking Department in a different format. Use Schedule C to amend that information to report changes about the licensed company's *principals*, *direct* and *indirect owners*.

Applicable definitions:

1. "Direct Owner" means any *person*, including individuals, that owns, beneficially owns, has the right to vote, or has the power to sell or direct the sale of 10% or more the *licensee*.

2. "Indirect Owner" means, with respect to direct owners and other indirect owners in a multilayered organization:
   (a) in the case of an owner that is a corporation, each of its shareholders that beneficially owns, has the right to vote, or has the power to sell or direct the sale of, 25% or more of that corporation;
   (b) in the case of an owner that is a partnership, all general partners and those limited and special partners that have the right to receive upon dissolution, or have contributed, 25% or more of the partnership's capital;
   (c) in the case of an owner that is a trust, the trust, each trustee and each beneficiary of 25% or more of the trust;
   (d) in the case of an owner that is a Limited Liability Company ("LLC"), (i) those members that have the right to receive upon dissolution, or have contributed, 25% or more of the LLC's capital, and (ii) if managed by elected managers, all elected managers; and
   (e) in the case of an indirect owner, the parent owners of 25% or more of their subsidiary.

3. "Licensee" – The *person* holding a New Hampshire license or registration that is applying or amending information on this form. The only instance in which the *licensee* is an individual is in the case of a sole proprietorship.

4. "Person" means an individual, corporation, business trust, estate, trust, partnership, association, 2 or more *persons* having a joint or common interest, or any other legal or commercial entity however organized.

5. "Principals" of the *licensee* include (1) principal shareholders (10% or more), (2) officers (president, vice president, secretary, treasurer), (3) executive officers and senior managers (senior vice presidents and higher), and (4) directors of a corporate applicant; **B.** general partners of a general partnership**; C**. general and limited partners (10% or more) of a limited partnership**; D**. members of a limited liability company; and **E**. trustees and beneficiaries (10% or more) of a trust. NH branch managers are *principals* of the licensee, but use the NH Branch Office Form to report changes in branch managers.

Schedule C **AMENDMENTS TO SCHEDULES A & B** (Amendments to answers for Item 4 on the NH Application/Amendment Form)	*Licensee/Registrant* full legal name: _____ Effective Date: _____	☐ Mortgage Banker ☐ Mortgage Broker ☐ Mortgage Servicer ☐ Sales Finance Company ☐ Small Loan Lender ☐ Retail Seller ☐ Debt Adjuster ☐ Money Transmitter

1. This Schedule is used to amend Schedules A and B of NH License or Registration Application Form. Refer to instructions above and to Schedules A & B for specific instructions for completing this Schedule C. **Complete each column.**

2. In the Type of Amendment ("Type of Amd.") column, indicate "A" (addition), "D" (deletion), or "C" (change in information about the same *person*).

3. **List below all changes to Schedule A (DIRECT OWNERS [10% or more], EXECUTIVE OFFICERS AND OTHER PRINCIPALS):**

FULL LEGAL NAME (Individuals: Last Name, First Name, Middle Name	Type of Amd.	Title or Status	% Ownership		Publicly Traded	S.S. No., IRS Tax No. or Employer ID

4. **List below all changes to Schedule B (INDIRECT OWNERS [25% or more]):**

FULL LEGAL NAME (Individuals: Last Name, First Name, Middle Name	Type of Amd.	Entity in Which Interest is Owned	Status	% Ownership	Publicly Traded	S.S. No., IRS Tax No. or Employer ID

DEBT ADJUSTER'S $25,000 SURETY BOND
Rev. 7/07

Bond Number _____ Effective Date _____

STATE OF NEW HAMPSHIRE
BANKING DEPARTMENT

KNOW ALL MEN BY THESE PRESENTS, that we _____
(Name of Applicant or Licensee)
of _____ AS PRINCIPAL, AND _____,
(State of Incorporation/Formation) (Name of Insurance Company)
a corporation or other legally formed entity organized and existing under the laws of the State of _____ and authorized to do business in the State of New Hampshire, AS SURETY, and hereby held and firmly bound unto the State of New Hampshire and the Bank Commissioner of the State of New Hampshire for the use and benefit of the State of New Hampshire and the citizens and residents thereof, conditions of this obligation, in the sum of twenty-five thousand dollars ($25,000), lawful money of the United States, for the payment of which sum, well and truly made, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, by these presents.

SEALED WITH our seals and dated this _____ day of _____, 20_____.

THE CONDITIONS OF THE ABOVE OBLIGATION ARE SUCH THAT:

WHEREAS, the above mentioned Principal has applied for a license as a Debt Adjuster under the provisions of New Hampshire Revised Statutes Annotated 399-D from and after the date hereof for the license period and continuous during the licensing period, including renewal periods, or until cancelled, and required to faithfully comply with any and all provisions of NH RSA 399-D, as now or hereafter amended, and any and all rules, regulations and orders issued or hereafter to be issued by the Bank Commissioner of the State of New Hampshire; and

WHEREAS, this bond provides for suit thereon by any person who has a cause of action under RSA 399-D and, if the Bank Commissioner by rule or order requires, by any person who has a cause of action not arising under the chapter. This bond provides that no suit may be maintained to enforce any liability on the bond unless brought within 6 years after the transaction or other act upon which it is based.

NOW, THERFORE, this bond shall remain in full force and remain in effect during the period of license of the Principal or until cancelled. Should the Surety wish to effect cancellation, 30 days notice must be given to the Bank Commissioner. Such notice shall be in writing and the 30 day period shall commence from the date the notice is received by the Bank Commissioner. The suspension or revocation of the license of the Principal shall not cancel, suspend nor otherwise impair any obligation of the Surety under this bond.

IN WITNESS WHEREOF, said Principal, acting by and through its duly authorized officers, has hereunto set its hand and seal and the said Surety has caused these presents to be signed by its duly authorized officers and its corporate seal to be hereto affixed this _____ day of _____, 20_____.

_____ (Seal)
(Print or Type the Name of Applicant or Licensee)

_____ (Seal)
(Print or Type the Name of Surety)

BY _____
(Print or Type Name and Official Position)

BY_____
(Print or Type Name and Official Position of the Surety's Representative w/ POA)

BY _____
(Signature) (Date)

BY_____
(Signature) (Date)

BY_____
(Counter-Signature by NH licensed Representative of the Insurer)

NOTE: Any applicable resolutions authorizing the execution of this bond shall be attached. If this bond has been subscribed to an "attorney-in-fact", there must be attached a "Power of Attorney".

DEBT ADJUSTER'S $100,000 SURETY BOND
Rev. 7/07

Bond Number _____ Effective Date _____

STATE OF NEW HAMPSHIRE
BANKING DEPARTMENT

KNOW ALL MEN BY THESE PRESENTS, that we _____
(Name of Applicant or Licensee)
of _____ AS PRINCIPAL, AND _____,
(State of Incorporation/Formation) (Name of Insurance Company)
a corporation or other legally formed entity organized and existing under the laws of the State of _____ and authorized to do business in the State of New Hampshire, AS SURETY, and hereby held and firmly bound unto the State of New Hampshire and the Bank Commissioner of the State of New Hampshire for the use and benefit of the State of New Hampshire and the citizens and residents thereof, conditions of this obligation, in the sum of one hundred thousand dollars ($100,000), lawful money of the United States, for the payment of which sum, well and truly made, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, by these presents.

SEALED WITH our seals and dated this _____ day of _____, 20_____.

THE CONDITIONS OF THE ABOVE OBLIGATION ARE SUCH THAT:

WHEREAS, the above mentioned Principal has applied for a license as a Debt Adjuster under the provisions of New Hampshire Revised Statutes Annotated 399-D from and after the date hereof for the license period and continuous during the licensing period, including renewal periods, or until cancelled, and required to faithfully comply with any and all provisions of NH RSA 399-D, as now or hereafter amended, and any and all rules, regulations and orders issued or hereafter to be issued by the Bank Commissioner of the State of New Hampshire; and

WHEREAS, this bond provides for suit thereon by any person who has a cause of action under RSA 399-D and, if the Bank Commissioner by rule or order requires, by any person who has a cause of action not arising under the chapter. This bond provides that no suit may be maintained to enforce any liability on the bond unless brought within 6 years after the transaction or other act upon which it is based.

NOW, THERFORE, this bond shall remain in full force and remain in effect during the period of license of the Principal or until cancelled. Should the Surety wish to effect cancellation, 30 days notice must be given to the Bank Commissioner. Such notice shall be in writing and the 30 day period shall commence from the date the notice is received by the Bank Commissioner. The suspension or revocation of the license of the Principal shall not cancel, suspend nor otherwise impair any obligation of the Surety under this bond.

IN WITNESS WHEREOF, said Principal, acting by and through its duly authorized officers, has hereunto set its hand and seal and the said Surety has caused these presents to be signed by its duly authorized officers and its corporate seal to be hereto affixed this _____ day of _____, 20_____.

_____ (Seal)
(Print or Type the Name of Applicant or Licensee)

_____ (Seal)
(Print or Type the Name of Surety)

BY _____
(Print or Type Name and Official Position)

BY_____
(Print or Type Name and Official Position of the Surety's Representative w/ POA)

BY _____
(Signature) (Date)

BY_____
(Signature) (Date)

BY_____
(Counter-Signature by NH licensed Representative of the Insurer)

NOTE: Any applicable resolutions authorizing the execution of this bond shall be attached. If this bond has been subscribed to an "attorney-in-fact", there must be attached a "Power of Attorney".

State of New Hampshire
Banking Department

53 Regional Drive, Suite 200
Concord, New Hampshire 03301
Telephone: (603) 271-3561
FAX: (603) 271-1090 or (603) 271-0750

Glenn A. Perlow
Bank Commissioner

Instructions for Form U-2 NH - Uniform Consent to Service of Process

1. The name of the applicant for licensure or registration is to be inserted in the blank space on line 1 Uniform Form U-2 ("Form").

2. The type of person executing the Form is to be described by striking out the inapplicable nomenclature in lines 2-4 and, if appropriate, by inserting a description of the person in the blank space provided on line 2 of the Form.

3. The name of the jurisdiction under which the person was formed or is to be formed is to be inserted in the blank spaces on line 3 of the Form.

4. The person to whom a copy of any notice, process of pleading which is served pursuant to the Consent to Service of Process is to be inserted in the appropriate blank spaces on page 1 of the Form.

5. An original manually signed Form must be filed with each application for licensure or registration.

6. The Form must be signed by the person. If the person is a corporation, it should be signed in the name of the corporation by an executive officer duly authorized; if a partnership, it should be signed in the name of the partnership by a general partner; and if an unincorporated association or other organization which is not a partnership, the Form should be signed in the name of such organization by a person responsible for the direction of management of its affairs.

7. The form must be signed under penalty of Unsworn Falsification pursuant to NH RSA 641:3.

State of New Hampshire
Banking Department

53 Regional Drive, Suite 200
Concord, New Hampshire 03301
Telephone: (603) 271-3561
FAX: (603) 271-1090 or (603) 271-0750

Glenn A. Perlow
Bank Commissioner

Form U-2 NH - Uniform Consent to Service of Process

KNOW ALL MEN BY THESE PRESENT:

That the undersigned _____,
(Name of applicant for licensure or registration)

(a corporation), (a partnership), (limited liability company) or a (_____) organized under the laws of the State of _____, or (an individual), [strike out inapplicable nomenclature] for the purposes of complying with the laws of the State of New Hampshire relating to either licensure as a mortgage broker, mortgage banker, sales finance company, retail seller, small loan lender, debt adjuster, money transmitter or to registration as a mortgage servicing company, hereby irrevocably appoints the Bank Commissioner of the State of New Hampshire and the successors in such office its attorney in the State of New Hampshire upon whom may be served any notice, process or pleading in any action or proceeding against it arising out of or in connection with business conducted pursuant to said license or registration or out of violation of the aforesaid laws of said state; and the undersigned does hereby consent that any such action or proceeding against it may be commenced in any court of competent jurisdiction and proper venue within said state by service of process upon said officer with the same effect as if the undersigned was organized or created under the laws of said state and had been served lawfully with process in said state.

It is requested by the applicant that a copy of any notice, process or pleading served hereunder be mailed to:

_____
(Name)

_____
(Address)

Dated this_____ day of _____, 20_____

(COMPANY SEAL)

By _____
(Print name of Applicant)

Signed under penalty of Unsworn Falsification pursuant to NH RSA 641:3.

By _____
(Signature of Officer)

By _____
(Print Name and Title of Officer)

State of New Hampshire

Banking Department

53 Regional Drive, Suite 200
Concord, NH 03301

Glenn A. Perlow
Bank Commissioner

Telephone: (603) 271-3561
Fax: (603) 271-0750
Licensing: (603) 271-8675
www.nh.gov/banking

NH BRANCH OFFICE FORM INSTRUCTIONS

A. GENERAL INSTRUCTIONS

1. **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.
2. **TERMS USED** – See the following Explanation of Terms section regarding italicized words/phrases.
3. **EXECUTION** – The execution section must be completed by an authorized representative of the *applicant or licensee* (corporate officer, partner, member, sole proprietor, etc).
4. **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.
5. **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.
6. **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.
7. **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

1. **FORMAT**
   A. 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.
   B. The execution section must include an original manual signature under penalty of unsworn falsification pursuant to NH RSA 641:3.
   C. Type or print all information.
   D. Use only the current version of the NH Branch Office Form or a reproduction of it.
2. **ATTACHMENTS**
   A. File an Individual Disclosure Form, a *Criminal History Record Information Authorization Form*, fingerprint card and a fee in the amount of $51.50 made payable to "State of NH – Criminal Records", for each branch manager identified in item 5 and 5a of this NH Branch Office Form.
   B. 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:	NH BRANCH OFFICE FORM	OFFICIAL USE ONLY
☐ Sales Finance Company $100 ☐ Small Loan Lender $450 ☐ Retail Seller $ 30 ☐ Debt Adjuster $500	*Applicant or Licensee* full legal name: _____ _____ and Tax ID No. _____	**FOR OFFICE USE ONLY** Ck. # _____ Amt.$_____ 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/YYY)	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	

		YES	NO
8.	Will this branch office and/or individuals at this branch office operate pursuant to a written agreement or contract with the *applicant's* main office? If "yes" provide a copy(ies) of the agreement(s)/contract(s).	☐	☐
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?	☐ ☐	☐ ☐
10.	Does any *person*, other than the *applicant*, 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 *person* responsible for the expenses or with a financial interest:	☐	☐

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**
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐

State of New Hampshire

Banking Department

53 Regional Drive, Suite 200
Concord, NH 03301

Glenn A. Perlow
Bank Commissioner

Telephone: (603) 271-3561
Fax: (603) 271-0750
Licensing: (603) 271-8675
www.nh.gov/banking

NH INDIVIDUAL DISCLOSURE INFORMATION INSTRUCTIONS

A. GENERAL INSTRUCTIONS

8. **INITIAL FILING –** An Individual Disclosure Form for each of the *applicant's/licensee's principals and direct & indirect owners* and certain Contact Persons must accompany the *applicant's* initial Company License Application Form. Attach an Individual Disclosure Form, a Criminal History Record Information Authorization Form, fingerprint card and fee for each individual listed as a *principal* or *direct* or *indirect owner* in the Company Application.
9. **AMENDMENTS –** The *applicant/licensee* must promptly update information on both the Company License Application form and each *principal's* or *direct* or *indirect owner's* or Contact Person's Individual Disclosure Form if it becomes materially inaccurate and when a *principal* leaves the licensee's employ. An amendment shall be considered to be filed promptly if the amendment is filed within 30 days of the event that requires the filing of the amendment. On each form, circle the item being amended. Complete only the information that is being amended as well as the name of *applicant* and the name of the *principal* or *direct* or *indirect owner.*
10. **EMPLOYMENT REPRESENTATION –** The employment representation section must be completed by an authorized representative of the *applicant* (corporate officer, partner, member, sole proprietor, etc).
11. **TERMS USED –** See the following Explanation of Terms section regarding italicized words/phrases.
12. **DATES –** The filing date is the date *applicant* submits this form to the *jurisdiction(s).* The effective date is the date *applicant/licensee* would like this license/registration or amendment to become effective if an amendment is being filed prior to the happening of an event.

B. FILING INSTRUCTIONS

3. **FORMAT**

   A. Employment history, item 5: provide the full legal name of the company, beginning with your current employer.
   B. The Acknowledgment & Consent section must have an original manual signature and must be signed pursuant to NH RSA 641:3, Unsworn Falsification.
   D. The Company Employment Representation section must include original manual signature.
   E. Type all information.
   F. Use only the current version of the Individual Disclosure Form or a reproduction of it.

4. **ATTACHMENT**

   Enclose a Criminal History Record Information Authorization Form and fingerprint card for each individual listed as a *principal* or *direct* or *indirect owner or certain Contact Persons listed* in the Company Application together with a check for $51.50 made payable to "State of NH – Criminal Records

C. EXPLANATION OF TERMS – The following terms are italicized throughout the Individual Disclosure Form.

1. **GENERAL**

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

CONTROL – The power, directly or indirectly, to direct the management or policies of a company, whether through ownership of securities, by contract, or otherwise. Any *person* that (i) is a director, general partner or officer exercising executive responsibility (or having similar status or functions); (ii) directly or indirectly has the right to vote 10% or more of a class of a voting security or has the power to sell or direct the sale of 10% or more of a class of voting securities; or (iii) in the case of a partnership, has the right to receive upon dissolution, or has contributed, 10% or more of the capital, is presumed to control that company.

DIRECT OWNER – Any person, including individuals, that owns, beneficially owns, has the right to vote, or has the power to sell or direct the sale of 10% or more the applicant or licensee.

INDIRECT OWNER – With respect to direct owners and other indirect owners in a multilayered organization:

(a) in the case of an owner that is a corporation, each of its shareholders that beneficially owns, has the right to vote, or has the power to sell or direct the sale of, 25% or more of that corporation;
(b) in the case of an owner that is a partnership, all general partners and those limited and special partners that have the right to receive upon dissolution, or have contributed, 25% or more of the partnership's capital;
(c) in the case of an owner that is a trust, the trust, each trustee and each beneficiary of 25% or more of the trust;
(d) in the case of an owner that is a Limited Liability Company ("LLC"), (i) those members that have the right to receive upon dissolution, or have contributed, 25% or more of the LLC's capital, and (ii) if managed by elected managers, all elected managers; and
(e) in the case of an indirect owner, the parent owners of 25% or more of their subsidiary.

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.

PERSON – An individual, corporation, business trust, estate, trust, partnership, association, 2 or more persons having a joint or common interest, or any other legal or commercial entity however organized.

PRINCIPAL – of the applicant or licensee means an owner with 10 percent or more ownership interest, corporate officer, director, member, general or limited liability partner, limited partner with 10 percent or more ownership interest, trustee, beneficiary of 10 percent or more of the trust that owns the applicant or licensee, executive officer, senior manager, New Hampshire branch manager, and any person occupying similar status or performing similar functions or certain control persons listed in this application..

2. **FOR THE PURPOSE OF ITEM 6**

CHARGED – Being accused of a crime in a formal complaint, information, or indictment (or equivalent formal charge).

ENJOINED – Includes being subject to a mandatory injunction, prohibitory injunction, preliminary injunction, or a temporary restraining order.

FELONY – For *jurisdictions* that do not differentiate between a *felony* and a *misdemeanor*, a *felony* is an offense punishable by a sentence of at least one year imprisonment and/or a fine of at least $1,000. The term also includes a general court martial.

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).

FOREIGN FINANCIAL REGULATORY AUTHORITY – Includes (1) a *financial services* authority of a foreign country; (2) other governmental body empowered by a foreign government to administer or enforce its laws relating to the regulation of *financial services* or *financial services-related* activities*;* and (3) a foreign membership organization, a function of which is to regulate the participation of its members in *financial services* activities listed above.

FOUND – Includes adverse final actions, including consent decrees in which the respondent has neither admitted nor denied the findings, but does not include agreements, deficiency letters, examination reports, memoranda of understanding, letters of caution, admonishments, and similar informal resolutions of matters.

INVOLVED – Doing an act or omission or aiding, abetting, counseling, commanding, inducing, conspiring with or failing reasonably to supervise another in doing an act or omission.

MISDEMEANOR – For *jurisdictions* that do not differentiate between a *felony* and a *misdemeanor,* a *misdemeanor* is an offense punishable by a sentence of less than one year imprisonment and/or a fine of less than $1,000. The term also includes a special court martial.

ORDER – A written directive issued pursuant to statutory authority and procedures, including orders of denial, suspension, or revocation; does not include special stipulations, undertakings or agreements relating to payments, limitations on activity or other restrictions unless they are included in an *order*.

PROCEEDING – Includes a formal administrative or civil action initiated by a governmental agency, self-regulatory organization or a *foreign financial regulatory authority*; a *felony* criminal indictment or information (or equivalent formal charge); or a *misdemeanor* criminal information (or equivalent formal charge). The term does not include other civil litigation, investigations, or arrests or similar charges affected in the absence of a formal criminal indictment or information (or equivalent formal charge).

Please make sure that all items on the application form are completed and all attachments, numbered to correspond to the question or item to which they respond, are enclosed with the application filing. Please include the applicant's name on each attachment. Inclusion of a list/index of attachments is recommended. Care in providing all the required information will result in the filing of a complete application and will enable us expeditiously to review the application without the need to write for further information.

NH INDIVIDUAL DISCLOSURE FORM

INDIVIDUAL'S INFORMATION

Applicant (Licensee's) full legal name: _____

Date of filing: _____ Effective Date: _____

WARNING: Failure to keep this form current and to file accurate supplementary information on a timely basis, or otherwise to comply with the provisions of law pertaining to the conduct of business in New Hampshire violates the laws of New Hampshire and may result in disciplinary, administrative, injunctive or criminal action.

INTENTIONAL MISSTATEMENTS OR OMISSIONS OF FACTS MAY CONSTITUTE CRIMINAL VIOLATIONS.

APPLICATION ☐ AMENDMENT ☐ ***(To amend, circle items being amended.)*** TERMINATION ☐ ***(Individual's employment)***

1. Individual's identifying information:

A. Full last, first and middle names:

Last name _____ First name _____ Full middle name _____ Suffix _____

B. (1) Social Security Number: _____

(2) Gender: ☐ Male ☐ Female

C. (1) Date of Birth (MM/DD/YYYY) _____

(2) State/Province of Birth: _____ (3) Country of Birth: _____

D. List all other name(s) you have used or are using, or by which you are known or have been known, other than your legal name, since the age of 18. This field should include for example, nicknames, aliases, and names used before/after marriage. (Use additional sheets as necessary).

1. Name	2. Name	3. Name	4. Name

E. (For amendments only) If this filing reports that an individual's name has changed, enter the new name and attach supporting legal documentation

Last name _____ First name _____ Full middle name _____ Suffix _____

F. Office of Employment address: (Do not use a P.O. Box) ☐ If this address is your private residence, check this box.

Number and Street _____ City _____ State/Country _____ Zip+4/Postal Code _____

G. Current Residence address, if different:

Number and Street _____ City _____ State/Country _____ Zip+4/Postal Code _____

H. Telephone Numbers and e-mail address:

Business phone

Area Code _____ Telephone Number _____

Fax line

Area Code _____ Telephone Number _____

Cell phone

Area Code _____ Telephone Number _____

e-mail address _____

INDIVIDUAL'S ACKNOWLEDGMENT & CONSENT:

I swear or affirm that I have read and understand the items and instructions on this form and that my answers (including attachments) are true and complete to the best of my knowledge. I understand that I am subject to administrative, civil or criminal penalties if I give false or misleading answers. I authorize all my current and former employers, law enforcement agencies, and any other *person* to furnish to the New Hampshire Banking Department, or any agent acting on its behalf, any information they have, including without limitation my creditworthiness, character, ability, business activities, educational background, general reputation, history of my employment and, in the case of former employers, complete reasons for my termination. I further authorize the department to request and receive credit reports, tax records, local, state, federal or international governmental records, police and criminal records from any and all law enforcement officials, personal background reports and reports from national and/or regional databases, employment information, current and past record of conduct with any regulatory entity or agency, and further authorize that such information may be released to the State of New Hampshire Banking Department by such entities and/or officials upon presentation of this authorization, or a photostatic copy hereof. I understand that the State of New Hampshire Banking Department will utilize any information it receives as a result of this authorization for purposes of determining compliance with licensing or registration standards set forth in RSA 397-A, 397-B, 399-A, 399-D, 399-G and/or 361-A, as applicable. I understand that this authorization does not expire. I am signing this document under penalty of Unsworn Falsification pursuant to NH RSA 641:3.

Date (MM/DD/YYYY) _____ Signature of Individual _____

COMPANY EMPLOYMENT REPRESENTATION:

To the best of my knowledge and belief, the individual, at the time of approval, will be familiar with the statutes, regulations, and rules of the State of New Hampshire where this application is being filed, and will be fully qualified for the position for which application is being made herein. I have taken appropriate steps to verify the accuracy and completeness of the information contained in and with this application. I have provided the individual an opportunity to review the information contained herein and the individual has approved this information and signed the form. I am signing this document under penalty of Unsworn Falsification pursuant to NH RSA 641:3.

Date (MM/DD/YYYY) _____ (Name of Licensed Company) _____

By: _____

Signature of authorized party _____ Print Name _____ Title _____

Acknowledgment & Consent & Employment Representation sections must always be completed in full with original, manual signatures.

Applicant (Licensee's) full legal name:_____ Individual's full legal name: _____

2. Fingerprint Information filing representation:
☐ I represent that I am submitting, have submitted, or promptly will submit a Criminal History Record Information Authorization Form and a fingerprint card to the New Hampshire Banking Department.

3. Residential History: Starting with current address (item 1G), give all addresses for the past 10 years. (Attach additional sheets as necessary.)

From (MM/YYYY)	To (MM/YYYY)	Street Address	City	State or Province	Zip or Postal Code	Country

4. Employment History: Provide complete employment history for the past 10 years. Account for all time including full & part-time employments, self-employment, military service, and homemaking. Also, include periods such as unemployed, full-time student, extended travel, etc. Indicate by "YES" or "NO" whether this employment was *financial service-related* business. (Attach additional sheets as needed.)

From (MM/YYYY)	To (MM/YYYY)	Employer (company name)	Position Held	City	State or Province	Country	YES or NO?

5. Other Business: Are you currently engaged in any other business either as a proprietor, partner, officer, director, employee, trustee, agent or otherwise? (Please exclude non-*financial services-related* activity that is exclusively charitable, civic, religious, or fraternal and is recognized as tax exempt.) If YES, provide the following details: the name of the other business; whether the business is *financial services-related;* the address of the other business; the nature of the other business; your position, title, or relationship with the other business; the start date of your relationship; the approximate number of hours/month you devote to the other business; and briefly describe your duties relating to the other business. (Attach additional sheets as needed.)

Details: _____

YES	NO
☐	☐

6. Disclosures: If the answer to any of the following is "YES", provide complete details of all events or proceedings in an attachment. Refer to the explanation of terms section of the instructions for explanations of italicized terms.

Financial Disclosure

	YES	NO
A. Within the past ten years: **(1) have you filed a personal bankruptcy petition or been the subject of an involuntary bankruptcy petition?**	☐	☐
(2) based upon events that occurred while you exercised *control* over any organization, have any filed a bankruptcy petition or been the subject of an involuntary bankruptcy petition?	☐	☐
B. Has a bonding company ever denied, paid out on, or revoked a bond for you?	☐	☐
C. Do you have any unsatisfied judgments or liens against you?	☐	☐

Applicant (Licensee's) full legal name: _____ Individual's full legal name: _____

Criminal Disclosure

	YES	NO
D. Have you ever:		
(1) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to any *felony*?	☐	☐
(2) been *charged* with any *felony*?	☐	☐
E. Based upon activities that occurred while you exercised *control* over it, has an organization ever:		
(1) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to any *felony*?	☐	☐
(2) been *charged* with any *felony*?	☐	☐
F. Have you ever:		
(1) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to a *misdemeanor involving*: *financial services* or a *financial services-related* business or any fraud, false statements or omissions, theft or any wrongful taking of property, bribery, perjury, forgery, counterfeiting, extortion, or a conspiracy to commit any of these offenses?	☐	☐
(2) been *charged* with a *misdemeanor* specified in 6F(1)?	☐	☐
G. Based upon activities that occurred while you exercised *control* over it, has an organization ever:		
(1) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to a *misdemeanor* specified in 6F(1)?	☐	☐
(2) been *charged* with a *misdemeanor* specified in 6F(1)?	☐	☐

Regulatory Action Disclosure

H. Has any State or federal regulatory agency or *foreign financial regulatory authority* ever:		
(1) *found* you to have made a false statement or omission or been dishonest, unfair or unethical?	☐	☐
(2) *found* you to have been *involved* in a violation of a *financial services-related* regulation(s) or statute(s)?	☐	☐
(3) *found* you to have been a cause of a *financial services-related* business having its authorization to do business denied, suspended, revoked or restricted?	☐	☐
(4) entered an *order* against you in connection with a *financial services-related* activity?	☐	☐
(5) denied, suspended, or revoked your registration or license, disciplined you, or otherwise by *order*, prevented you from associating with a *financial services-related* business or restricted your activities?	☐	☐
(6) denied, suspended, or revoked your registration or license, disciplined you, or otherwise by *order*, prevented you from associating with a *financial services-related* business or restricted your activities?	☐	☐
(7) barred you from association with an entity regulated by such commission, authority, agency, or officer, or from engaging in a *financial services-related* business?	☐	☐
(8) issued a final *order* based on violations of any law or regulations that prohibit fraudulent, manipulative, or deceptive conduct?	☐	☐
I. Have you ever had an authorization to act as an attorney, accountant, or State or federal contractor that was revoked or suspended?	☐	☐
J. Are you now the subject of any regulatory *proceeding* that could result in a "yes" answer to any part of 6H or 6I?	☐	☐

Civil Judicial Disclosure

K. (1) Has any domestic or foreign court ever:		
(a) *enjoined* you in connection with any *financial services-related* activity?	☐	☐
(b) *found* that you were *involved* in a violation of any *financial services-related* statute(s) or regulation(s)?	☐	☐
(c) dismissed, pursuant to a settlement agreement, a *financial services-related* civil action brought against you by a State, federal, or *foreign financial regulatory authority*?	☐	☐
(2) Are you named in any pending *financial services-related* civil action that could result in a "yes" answer to any part of 6K(1)?	☐	☐

Customer Arbitration/Civil Litigation Disclosure

L. Have you ever been named as a respondent/defendant in a *financial services-related* consumer-initiated arbitration or civil litigation which:		
(1) is still pending; or	☐	☐

(2) resulted in an arbitration award or civil judgment against you, regardless of amount, or that required corrective action; or	☐	☐
(3) was settled for any amount?	☐	☐

Termination Disclosure

M. Have you ever voluntarily resigned, been discharged, or permitted to resign after allegations were made that accused you of: (1) violating statute(s), regulation(s), rule(s), or industry standards of conduct?	☐	☐
(2) fraud, dishonesty, theft, or the wrongful taking of property?	☐	☐

State of New Hampshire

Banking Department

53 Regional Drive, Suite 200
Concord, NH 03301

Glenn A. Perlow
Bank Commissioner

Telephone: (603) 271-3561
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www.nh.gov/banking

CRIMINAL HISTORY RECORD INFORMATION AUTHORIZATION FORM, NON-DEPOSITORY LENDER/BROKER, SERVICER, RETAIL SELLER OR DEBT ADJUSTER

INSTRUCTIONS:

1. As part of the Banking Department's license and registration application review process, criminal background checks are required for each of the *applicant's* individual **direct** owners/investors/beneficiaries of 10% or more, for each of the *applicant's* individual **indirect** owners/investors/beneficiaries of 25% or more, and for each principal, officer, manager, LLC member, partner in a partnership, director, trustee, and NH branch manager of the *applicant*.
2. Criminal Record checks are conducted by the State of New Hampshire Department of Safety State Police Division. The Department of Safety charges a $51.50 fee to cover costs for each record check. The $51.50 may be aggregated into one check if record checks are to be performed for more than one individual. However, the Department of Safety will only accept checks in the amount of $51.50 or any multiple thereof (e.g. 2 cards $103.00)They will not accept 2 checks such as one for $15 and an additional check for $36.50). **All checks and money orders for the record checks should be made payable to the "State of NH – Criminal Records."**
3. **You will need to submit fingerprints in order to complete the criminal background check**. To obtain a fingerprint card, which must be on a New Hampshire State Police fingerprint form, you may submit a request form from our website www.nh.gov/banking/consumer-credit, call ***(603) 271-8675,*** or e-mail ***licensing@banking.state.nh.us*** the licensing section at the Banking Department, and indicate the number of cards needed and the address where they should be sent (only one address; the *applicant* or registrant is responsible for distribution to applicable persons within their organization) and we will send fingerprint cards out to you right away.
4. **The New Hampshire cards must be taken to a local police department where a professional will take the fingerprints**.
5. Every person ***must*** complete the following sections of the card:
   a. Print the name of person whose record will be checked, "LAST NAME", "FIRST NAME", "MIDDLE NAME"; it must be legible;
   b. Written "SIGNATURE OF THE PERSON FINGERPRINTED";
   c. "RESIDENCE" address "OF THE PERSON FINGERPRINTED";
   d. "DATE OF BIRTH DOB", "Month", "Day", "Year";
   e. Country of "CITIZENSHIP" "CTZ" (most will be USA);
   f. All vital information (ie. "SEX", "RACE" "HGT.", "WGT.", "EYES" (color), "HAIR" (color), "PLACE OF BIRTH POB");
   g. "DATE" the form was signed and the "SIGNATURE OF THE OFFICIAL TAKING FINGERPRINTS";
   h. "EMPLOYER NAME AND ADDRESS";
   i. "SOCIAL SECURITY NO. SOC".
6. Unless the card has preprinted information in the following boxes, the Banking Department will complete the following sections of the fingerprint card for you:
   a. "ORI";
   b. "YOUR NO. OCA";
   c. "FBI NO. FBI";
   d. "ARMED FORCES NO. MNU";
   e. "REASON FINGERPRINTED";
   f. "MISCELLANEOUS NO. MNU.
7. A copy of the Department of Safety Division of State Police *Criminal History Record Information Authorization Form* follows these instructions. You may make copies of this form, and then complete a form for each person described in the first paragraph of these instructions. Complete all items in Section I, and make sure to sign the release information in Section II of the form and have the form notarized.
8. Submit a *Criminal History Record Information Authorization Form*, a fingerprint card and a fee in the amount of $51.50, for each principal of the company listed in the application, to the Banking Department. We will forward the document(s) and check(s) to the Department of Safety. Fees covering multiple individuals may be combined into one check.

If you have any questions about the procedure or requirements, please call the New Hampshire Banking Department's Licensing Section at 603-271-8675.

CRIMINAL HISTORY RECORD INFORMATION AUTHORIZATION FORM, NON-DEPOSITORY LENDER/BROKER, SERVICER, RETAIL SELLER OR DEBT ADJUSTER

INSTRUCTIONS:

9. As part of the Banking Department's license and registration application review process, criminal background checks are required for each of the *applicant's* individual **direct** owners/investors/beneficiaries of 10% or more, for each of the *applicant's* individual **indirect** owners/investors/beneficiaries of 25% or more, and for each principal, officer, manager, LLC member, partner in a partnership, director, trustee, and NH branch manager of the *applicant*.

10. Criminal record checks are conducted by the State of New Hampshire Department of Safety, State Police Division and will include an FBI record check. The fee for processing the Criminal Record check is as follows:
    State Police fee: $25.00
    FBI fee: $26.50 for an ink card; $16.50: live scan (please note that at this time live scan can only be processed in the State of New Hampshire).

    The $51.50 (or $41.50 for live scan) may be aggregated into one check if record checks are to be performed for more than one individual. (e.g. 2 cards $103.00) They will not accept 2 checks such as one for $25.00 and an additional check for $26.50). **All checks and money orders for the record checks should be made payable to the "State of NH – Criminal Records."**

11. To obtain a fingerprint card, which must be on a New Hampshire State Police fingerprint form, you may submit a request form from our website www.nh.gov/banking/consumer-credit, call ***(603) 271-8675,*** or e-mail ***licensing@banking.state.nh.us*** the licensing section at the Banking Department, and indicate the number of cards needed and the address where they should be sent (only one address; the *applicant* or registrant is responsible for distribution to applicable persons within their organization) and we will send fingerprint cards out to you right away.

12. **The New Hampshire cards must be taken to a local police department where a professional will take the fingerprints**.

13. Every person ***must*** complete the following sections of the card:
    a. Print the name of person whose record will be checked, "LAST NAME", "FIRST NAME", "MIDDLE NAME"; it must be legible;
    b. Written "SIGNATURE OF THE PERSON FINGERPRINTED";
    c. "RESIDENCE" address "OF THE PERSON FINGERPRINTED";
    d. "DATE OF BIRTH DOB", "Month", "Day", "Year";
    e. Country of "CITIZENSHIP" "CTZ" (most will be USA);
    f. All vital information (ie. "SEX", "RACE" "HGT.", "WGT.", "EYES" (color), "HAIR" (color), "PLACE OF BIRTH POB");
    g. "DATE" the form was signed and the "SIGNATURE OF THE OFFICIAL TAKING FINGERPRINTS";
    h. "EMPLOYER NAME AND ADDRESS";
    i. "SOCIAL SECURITY NO. SOC".

14. Unless the card has preprinted information in the following boxes, the Banking Department will complete the following sections of the fingerprint card for you:
    a. "ORI";
    b. "YOUR NO. OCA";
    c. "FBI NO. FBI";
    d. "ARMED FORCES NO. MNU";
    e. "REASON FINGERPRINTED";
    f. "MISCELLANEOUS NO. MNU.

15. A copy of the Department of Safety Division of State Police *Criminal History Record Information Authorization Form* follows these instructions. You may make copies of this form, and then complete a form for each person described in the first paragraph of these instructions. Complete all items in Section I, and make sure to sign the release information in Section II of the form and have the form notarized.

16. Submit a *Criminal History Record Information Authorization Form*, a fingerprint card and a fee in the amount of $51.50, for each principal of the company listed in the application, to the Banking Department. We will forward the document(s) and check(s) to the Department of Safety. Fees covering multiple individuals may be combined into one check.

If you have any questions about the procedure or requirements, please call the New Hampshire Banking Department's Licensing Section at 603-271-8675.

New Hampshire Department of Safety

DIVISION OF STATE POLICE

Central Repository for Criminal Records
33 Hazen Drive, Concord, NH 03305

NEW HAMPSHIRE BANKING DEPARTMENT CRIMINAL HISTORY RECORD INFORMATION AUTHORIZATION FORM

Authority: *one box* ***MUST*** *be selected*

☐ **NH RSA 361-A:2**	***Sales Finance & Retail Sellers***	☐ **NH RSA 399-A:1-A:3**	***Small Loan Lenders***
☐ **NH RSA 397-A:1-A:5**	***Mortgage Bankers/Brokers***	☐ **NH RSA 399-D:2-D:5**	***Debt Adjusters***
☐ **NH RSA 397-B:1-B:4**	***Mortgage Servicers***	☐ **NH RSA 399-G:5**	***Money Transmitters***

CONSUMER CREDIT DIVISION
SECTION I

PLEASE TYPE OR PRINT CLEARLY, ALL INFORMATION IN THIS SECTION **MUST BE COMPLETED**

NAME_____
LAST (MAIDEN/ALIAS) FIRST MI

ADDRESS_____
STREET CITY STATE ZIP CODE

DATE OF BIRTH_____ HAIR COLOR_____ EYE COLOR_____ SEX____

DRIVER LICENSE NUMBER_____ STATE_____

My below signature certifies I am the individual listed above and that the information provided is true.

YOUR SIGNATURE:_____ DATE_____
Signed under penalty of unsworn falsification pursuant to RSA 641:3.

SECTION II

IF RECORD IS TO BE MAILED **TO YOU, OR** RECEIVED BY SOMEONE OTHER THAN YOURSELF,

ALL OF SECTION II MUST BE COMPLETED

I hereby authorize the release of my criminal record conviction(s), if any, to the following individual:

CONSUMER CREDIT DIVISION / NEW HAMPSHIRE BANKING DEPARTMENT
NAME OF PERSON / FIRM TO RECEIVE RECORD

ADDRESS **53 REGIONAL DRIVE, SUITE 200** **CONCORD** **NH** **03301**
STREET CITY STATE ZIP CODE

YOUR SIGNATURE_____ DATE_____

NOTARY'S SIGNATURE_____ DATE_____
(Affix Seal) (Comm. Exp.)

GLENN PERLOW, BANK COMMISSIONER DATE_____
SIGNATURE OF PERSON / FIRM TO RECEIVE RECORD

Must select one: **(Make checks payable to: "State of NH – Criminal Records.")**

☐ **LIVESCAN 41.50** ☐ **INKED - $51.50**

☐ **Applicant fingerprint card must be submitted at the same time as payment and this form.**