



COMPANY FORM - ADVANCE CHANGE NOTIFICATION

NMLS Company Advance Change Notification Form must be manually submitted to notify relevant state regulators outside of NMLS concerning changes to certain information on your company license record. Additional supporting documents and forms required may vary by agency.

NMLS ID: _____

Date of Advance Change Notification Submission (MM/DD/YYYY) : _____ Desired Effective Date (MM/DD/YYYY) : _____

Brief description of change event(s): _____

Company contact for the event(s):

_____ () - _____ ext _____ Email Address: _____
First Name Last Name Business Phone

Complete only the necessary fields that you are looking to amend or will be impacted by the change event(s). Populate the necessary fields with new information only.

1. Identifying Information

(A) Entity's legal name (sole proprietors provide last, first, and full middle name) _____
(B) IRS Employer Identification Number (Social Security Number is allowed for sole proprietorship) _____

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

_____ Number & Street _____ City _____ State _____ Country/Province _____ Postal Code

(D) Business phone, fax and email address:

() - _____ ext _____ () - _____ ext _____ () - _____
Business Phone Toll Free Number (For consumers) Fax Line Email Address

(E) Mailing address: Same as above

_____ PO Box or Number & Street _____ City _____ State _____ Country/Province _____ Postal Code

2. Other Trade Names

Other trade name(s) (i.e. business name, fictitious name, or "doing business as" name) for this company must be identified below. Use additional sheets as necessary.

Add _____ Identify applicable industry:
 Other Trade Names or "dba" used _____ State(s) where the Other Trade Name is used Mortgage; Debt; Consumer Finance;
Remove Money Services

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 Other Trade Names or "dba" used _____ State(s) where the Other Trade Name is used Mortgage; Debt; Consumer Finance;
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3. Legal Status

(A) Fiscal year end (MM/DD): _____

(B) If other than a sole proprietorship, indicate date and place the entity obtained its legal status (i.e., state or country where incorporated, where partnership agreement was filed, or where applicant entity was formed):

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

(C) If publicly traded please insert stock symbol: _____

(D) Indicate legal status of applicant.

- Corporation Limited Liability Company Not For Profit Corporation
 Partnership Sole Proprietorship Other (specify) _____

4. Financial Institutions

If your company is controlled by a credit union, bank holding company, state member bank of the Federal Reserve System, state non-member bank, national bank, foreign bank, savings association/savings bank, or thrift holding company, all such financial institutions must be identified in this section. Use additional sheets if necessary.

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

Financial Institution Name: _____

_____	_____	_____	_____	_____
Number and Street	City	State	Country/Province	Postal Code

Relationship Description: _____

5. Direct Owners and Executive Officers

Provide the information requested below for the individual or company being identified as a (i) direct owner of 10% or more; (ii) executive officer; and/or (iii) control person of your company (excluding indirect owners that must be identified in the Indirect Owners section of this filing). An NMLS Individual Advance Change Notification Form must be completed for all natural person(s) identified in this section. Use additional sheets if necessary.

Entity ID (if applicable)	Full Legal Name (Individuals: Last Name, First Name, Middle Name)	Title	% Ownership	Individual or Company	Stock Symbol (Company Only)	SSN or EIN (Company Only)
				<input type="checkbox"/> Individual <input type="checkbox"/> Company		
				<input type="checkbox"/> Individual <input type="checkbox"/> Company		
				<input type="checkbox"/> Individual <input type="checkbox"/> Company		
				<input type="checkbox"/> Individual <input type="checkbox"/> Company		

6. Indirect Owners

List any indirect owners of the entity required to be reported:

Ownership Type examples include: partner, trustee, indirect owner, shareholder, etc. The Equity Owner is the company in which the ownership interest is held. An NMLS Individual Advance Change Notification Form must be completed for all Individuals identified as control persons. Use additional sheets if necessary.

Entity ID (if applicable)	Full Legal Name (Individuals: Last Name, First Name, Middle Name)	Ownership Type	Equity Owner in Which Interest is Held	% Ownership	Control Person	Stock Symbol (Company Only)	SSN or EIN (Company Only)	Individual or Company
					<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Individual <input type="checkbox"/> Company
					<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Individual <input type="checkbox"/> Company
					<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Individual <input type="checkbox"/> Company
					<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Individual <input type="checkbox"/> Company

7. Qualifying Individuals

Provide the information requested below for the Qualifying Individual, including applicable Industry Type(s) and State(s). In addition, an NMLS Individual Advance Change Notification Form must be completed for each Qualifying Individual. Use additional sheets if necessary.

Identify applicable industry by inserting the following code(s) in the *Industry* column:

- MTG** - Mortgage
- CF** - Consumer Finance
- DM** - Debt
- MSB** - Money Service

Entity ID (if applicable)	Full Legal Name (Last Name, First Name, Middle Name)	Title	Business Address	City	State	Country/ Province	Postal Code	Industry	State(s) for QI

EXECUTION: The undersigned, swear (or affirm) as follows, that I executed this form on behalf, and with the authority, of said Applicant and said Applicant agrees to and represents the following:

- (1) That the information and statements contained herein, including exhibits attached hereto, and other information filed herewith, all of which are made a part of this application, are current, true and complete and are made under the penalty of perjury, or un-sworn falsification to authorities, or similar provisions as provided by law;
- (2) To the extent any information previously submitted is not amended, such information remains accurate and complete;
- (3) That the jurisdiction(s) to which an application is being submitted may conduct any investigation into the background of the applicant, and any related individuals or entities, in accordance with all laws and regulations for purposes of making a determination on the application;
- (4) To keep the information contained in this form current and to file accurate supplementary information on a timely basis; and
- (5) To comply with the provisions of law, including the maintenance of accurate books and records, pertaining to the conduct of business for which the applicant is applying.

If the Applicant has knowingly made a false statement of a material fact in this application or in any documentation provided to support the foregoing application, then the foregoing application may be denied.

_____	_____
Date (MM/DD/YYYY)	Signature of applicant's representative
Signed or attested before me: _____	By _____
Print Notary Public name	Print applicant's representative name
Notary seal here	on this _____ day of _____, _____ at _____ Date Month Year State County
_____	_____
Notary Public signature	Notary Appointment Expires (MM/DD/YYYY)
This execution must always be completed in full with original, manual signature and notarization. Affix notary stamp or seal where applicable.	