

Instructions: Complete this form and return with the \$400.00 fee for each additional branch office to be licensed. Make checks payable to the Office of the State Bank Commissioner, 700 SW Jackson, Suite 300, Topeka, KS 66603.

Supervised Lender Branch Application

1. Current Kansas Supervised Lender License Number*: _____
(*N/A if submitted with a **NEW** Supervised Loan License application)

2. Name of Company: _____
(Legal Name)

3. Trade name (d/b/a), if applicable*: _____

***Note: d/b/a's cannot contain words such as Company, Corporation, Incorporated, Co., Inc., Corp., LTD, LLC, or LLP. If you have further questions please contact the Office of the State Bank Commissioner.**

4. Branch business address: _____
(Street)

(City) (State) (Zip Code) Phone (____) _____

5. Is any other business, including business by another company, being conducted at this business address?
_____ No _____ Yes (If Yes, please explain) _____

6. For examination purposes: Are loan documents maintained at this location? _____ Yes _____ No
(If No, please explain) _____

7. Branch Manager: _____
(Print Name) (Social Security Number**)

To be completed by Authorized Owner, Officer or Partner of Supervised Loan Licensee: (Authorized individuals are those that have been identified by your company and have submitted Confidential Background Information Consent Forms to the OSBC. Signatures of unauthorized individuals on this form or any other applications submitted to the OSBC will not be accepted and returned.) I hereby request the addition of the new branch location identified above. I understand Supervised Loan Licensees are responsible for all activities conducted at their branch locations. I understand I am required to notify the OSBC within 10 days of the address change or closure of branch locations. I further understand that Supervised Loan Licenses are non-transferable and non-assignable, and no other entity may conduct business under the authority of our Supervised Loan License.

Signature of authorized owner, officer or partner: _____

(Print Name of owner, officer or partner) (Title) (Date)

STATE OF _____) COUNTY OF _____)

Sworn and subscribed before me on _____ by _____
(Date) (Print Name of owner, officer or partner listed above.)

(NOTARY SEAL) _____ My commission expires: _____
Notary Public Signature

New Branch Application Fee: \$400.00 for each NEW branch location to be licensed. NOTE: In addition to submitting a new branch license application, a rider to your existing surety bond increasing the amount of coverage may be necessary. Review the surety bond requirements and contact the OSBC with questions. If applicable, enclose the necessary Confidential Background Information Consent forms (Form A) for any owner, officer or partner associated with this location that has not already filed this form with the Office of the State Bank Commissioner.

**Providing a social security number is voluntary, however, if it is not provided application processing may be delayed. The number is requested pursuant to K.S.A. 9-2201 et seq., and/or 16a-1-101 et seq., and may be used to identify applicants in criminal history and financial information investigations, provided to the Kansas Department of Revenue pursuant to K.S.A. 74-139 and/or provided to the Kansas Department of Social and Rehabilitation Services pursuant to K.S.A. 74-148 and K.S.A. 39-758.