

INSTRUCTIONS: Complete this form and return it with the **\$300.00 fee** for each additional branch office to be licensed. Make checks payable to: **Office of the State Bank Commissioner (OSBC), 700 SW Jackson St., Ste. 300, Topeka, KS 66603-3796.**

Mortgage Company New Branch Application

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

2. Name of Mortgage 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.**

4. Branch business address: _____
(City) (State) (Zip Code) (Street) Phone (____) _____

5. Is any other business, including mortgage 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. Are you claiming this branch as a Kansas bona fide location? Yes _____ No _____ If "Yes," you must provide a complete executed copy of the lease agreement in the legal name of the company for this new branch location.

To be completed by Authorized Owner, Officer or Partner of Mortgage Company Licensee:

(Authorized individuals are those who 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.)

I hereby request the addition of the new branch location identified above. I understand Mortgage Company 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 addition, address change or closure of branch locations. I further understand that Mortgage Company Licenses are non-transferable and non-assignable, and no other entity may conduct business under the authority of our Mortgage Company License.

Signature of authorized owner, officer or partner: _____

(Print Name of authorized 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: \$300.00 for each NEW branch location to be licensed.

Enclose the necessary Confidential Background Information Consent forms (Form A) and fingerprint requirements for any owner, officer or partner associated with this location that has not already filed 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 for Children and Families pursuant to K.S.A. 74-148 and K.S.A. 39-758.