

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.**

Supervised Lender New 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: Trade names (d/b/a) cannot contain words such as Company, Corporation, Incorporated, Co., Inc., Corp., LTD, LLC, or LLP. If you have further questions please contact the OSBC.**

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

5. Are any other business activities, 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) _____

To be completed by Authorized Owner, Officer or Partner of Supervised Loan 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 Supervised Lenders 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/non-assignable, and no other entity may conduct business under authority of our Supervised Loan License.

Signature of authorized owner, officer or partner: _____

(Print Name of owner, officer or partner) (Title or Position) (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.

NOTE: In addition to submitting a new branch license application, a rider to your existing surety bond increasing the coverage amount 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 not already on file with the Office of the State Bank Commissioner.