State of North Carolina

OFFICE OF THE COMMISSIONER OF BANKS

The North Carolina Consumer Finance Act, Article 15 of Chapter 53 of the North Carolina General Statutes, provides the North Carolina Office of the Commissioner of Banks (NCCOB) with the discretion to authorize the conduct of other business "if the Commissioner determines that the other business would not be contrary to the best interests of the borrowing public." *See* N.C. Gen. Stat. § 53-172(b).

For each application submitted to the NCCOB, applicants are required to provide a copy of the signed Form NCCF 5 (attached).

LOCATION: 316 W. EDENTON STREET, RALEIGH, NC 27603
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AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

NC Office of the Commissioner of Banks
Location: 316 W. Edenton Street, Raleigh, NC 27603
Mail Address: 4309 Mail Service Center, Raleigh, NC 27699-4309
Telephone: 919/733-3016 Fax: 919/733-6918 Internet: www.nccob.org

Application to Conduct the Business of Making Loans Under the North Carolina Consumer Finance Act in the Same Office as Other Business

Pursuant to North Carolina General Statute 53-172,

_____ _____
(Name of Consumer Finance Licensee) (NC License Number)

applies to the North Carolina Office of the Commissioner of Banks for authority to conduct the business of

making loans under the North Carolina Consumer Finance Act where the business of _____

_____will also be conducted
(Type of Other Business)

by_____.
(Name of Company, Affiliate, or Subsidiary)

INSTRUCTIONS: The following should accompany the application:

1. A check for the **$25.00** application fee made payable to: **Department of Commerce / Banking Commission**. See Rule 4 NCAC 3E .0201(c).

2. A cover letter describing the type of business to be conducted and the applicant's statement of why it believes the other business would not be contrary to the best interests of the borrowing public.

3. Include information regarding sale of this product in other lines of business, in other states, and any other pertinent information needed for our analysis.

4. Provide vendor contact information and vendor packet including detailed product information.

CERTIFICATION

The undersigned certifies that the information contained in this application and cover letter is true to the best of his/her knowledge, and that he/she is duly authorized to file this application on behalf of the firm.

Signature: _____Date: _____

Name (type or print): _____Title: _____

Telephone: _____ Fax: _____