

APPLICATION FOR CERTIFICATE FOR LIMITED AUTHORITY

(18 O.S. Section 381.65)



**STATE OF OKLAHOMA
STATE BANKING DEPARTMENT**

NAME _____

LOCATION _____

SIGNATURE OF PRESIDENT OR VICE PRESIDENT

DATE

Attest: CASHIER OR SECRETARY

DATE

APPLICATION FOR CERTIFICATE FOR LIMITED AUTHORITY

Summary of activities to be conducted within Oklahoma by an institution not holding an Oklahoma Certificate of Authority to engage in the savings and loan association business.

Submitted pursuant to Title 18, Oklahoma Statutes, Section 381.65 for calendar year _____ or fiscal year ending _____.

1. Name and address of principal entity to operate within Oklahoma (hereinafter referred to as "Applicant").

Name: _____

Address: _____

City, State, Zip: _____

Telephone: _____

State of Domicile: _____

Domesticated in Oklahoma: Yes _____ No _____

2. Name of Applicant's parent corporation if any.

Parent's state of domicile: _____

Is Applicant's parent corporation a subsidiary of another corporation?

Yes _____ No _____

If so, Name of parent's parent: _____

3. List all subsidiary corporations of Applicant and their respective state of domicile.

Attach additional sheets, if needed. _____

4. List the addresses of each Applicant's (proposed) offices or branches located within

Oklahoma. Attach additional sheets, if needed. _____

5. List all Oklahoma agencies, other than the Banking Department, with which Applicant or subsidiaries are registered. _____

6. If Applicant has no offices located within Oklahoma but is represented by agents doing business in Oklahoma, state the name and address of each agent or representative. _____

7. Principal contact in Oklahoma, if other than Applicant.

Name: _____

Address: _____

City, State, Zip: _____

Telephone: _____

8. Indicate below each category of business to be conducted by the Applicant within Oklahoma within the first year.

_____ a. Dealing with loans or collateral from loans originated by Applicant in Interstate Commerce

Number of loans: _____ Total Dollar Volume: \$ _____

Type of loans (i.e., residential mortgage, commercial, real estate, consumer, etc.) description and location or address of collateral:

____b. Acquired by assignment from qualified originating lender. Name and address or originating lender(s): (attach additional sheet if necessary)

Number of loans: _____ Total Dollar Volume: \$ _____

Type of loans (i.e., residential mortgage, commercial, real estate, consumer, etc.) description and location or address of collateral:

9. State the purpose for which you are applying for a limited Certificate of Authority.

10. Applicant by the submission of this Application hereby represents to the State Banking Commissioner and commits that when doing business in Oklahoma pursuant to a limited Certificate of Authority, it shall use a specified fictitious (or trade) name, registered with the Secretary of State, not containing any of the terms forbidden by Section 381.23 of Title 18, Oklahoma Statutes; and without limitation it shall not use such terms on any office, advertising, telephone listing or other medium of holding itself out to the public within Oklahoma.

11. By the submission of this Application, Applicant hereby represents to the State Banking Commissioner and commits that it will not originate loans or solicit or accept applications for loans at any place within this state, nor shall it, directly or indirectly, receive applications for or payments or deposits to savings accounts or investment securities of any kind at any place within Oklahoma.

