

**DEPARTMENT OF BANKING AND CONSUMER FINANCE  
State of Mississippi**

Post Office Box 12129  
Jackson, MS 39236-2129

Overnight Mailing Address  
4780 I-55 North, 5<sup>th</sup> Floor  
Jackson, Mississippi 39211

Telephone  
(601) 321-6901  
Fax (601)-321-6933

**Filing Form**

**Please submit the following information to the Department of Banking & Consumer Finance along with  
your renewal application**

**(Consolidate information for multiple offices. List each location on back of form.)**

Licensee: _____			
Street Address: _____ P. O. Box _____			
City: _____, Mississippi ZIP _____ Telephone: _____			
1.	Fees paid to an attorney for investigating the title to any property given as security for a loan	Minimum	\$ _____
		Maximum	\$ _____
2.	Fees paid to an appraiser for appraising real property taken as collateral on a loan	Minimum	\$ _____
		Maximum	\$ _____
3.	Charges on a loan for filing any instrument executed to evidence, perfect, cancel or <del>terminate security for a loan</del>	For One Person	\$ _____
		For Two People	\$ _____
4.	Total of outstanding loans under the Small Loan Regulatory Law and the Small Loan <del>Privilege Tax Law</del>	Dollar Amount	\$ _____
		Number of	_____
5.	Real Estate Loans Outstanding	Dollar Amount	\$ _____
		Number of	_____
6.	Sales Finance Loans Outstanding	Dollar Amount	\$ _____
		Number of	_____
7.	Delinquent Loans Outstanding	Dollar Amount	\$ _____
		Number of	_____

WEB SITE ADDRESS: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

**Pursuant to Section 14 of the Department of Banking & Consumer Finance Small Loan Regulatory Law and Small Loan Privilege Tax Law Regulations, the above fees and charges are to be fully documented in the borrower's file.**

*We certify that the foregoing information is on file in the office of the licensee for inspection by the examiners and such information has been properly disclosed.*

Date \_\_\_\_\_

\_\_\_\_\_  
*Licensee*

\_\_\_\_\_  
*Signature & Title*

**List of Locations**  
(List City and State of Each Location)

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