



MONEY TRANSMITTERS APPLICATION FOR RELOCATION OF AN EXISTING OFFICE

Pursuant to Section 75-15-9, Mississippi Code of 1972, Annotated, "Each application for a license to engage in the business of selling or issuing or delivering checks shall be made in writing and under oath to the commissioner in such form as he may prescribe. The application shall state the full name and business address." Please complete this application along with the items listed below.

FOR RELOCATION OF A CURRENTLY LICENSED OFFICE:

1. This application must include a \$25.00 check (may be a company check) for an address change.
2. The original license must accompany this application
3. A rider from the Surety Bond provider stating the acknowledgement of the address change.
4. This application must be notarized.

Current address of office being relocated:

Name: _____ License #: _____

Street: _____ PO Box: _____

City: _____ County: _____ State: _____ ZIP: _____

Phone #: _____ Fax #: _____

New address of above named office:

Name: _____ License #: _____

Street: _____ PO Box: _____

City: _____ County: _____ State: _____ ZIP: _____

Phone #: _____ Fax #: _____

The said office will be relocated on or about _____, 20_____.

CERTIFICATION

The undersigned certifies that the facts contained in this application are true and that he/she has been duly authorized to file this application.

Print Name Date

Signature Title Telephone Number

State _____

County _____

Personally appeared before me, the undersigned authority in and for the jurisdiction aforesaid, the within named _____, who after first being by me duly sworn, states on oath that the statements contained in the foregoing application and all supporting documents are true and complete answers to each of the questions contained therein.

Sworn to and subscribed before me the undersigned notary on this the _____ day of _____, 20_____.

(Notary Seal)

Notary Public _____

My Commission expires: _____

Please forward this notarized application and the above information to:

Mailing Address: OR
Department of Banking & Consumer Finance
Attn: Consumer Finance Division
P.O. Box 12129
Jackson, MS 39236-2129

Overnight:
Department of Banking & Consumer Finance
Attn: Consumer Finance Division
4780 I-55 North, 5th Floor
Jackson, MS 39211