Kentucky Department of Financial Institutions Mayo-Underwood Building 500 Mero Street, 2 SW 19 Frankfort, Kentucky 40601

## **BRANCH AUTHORIZATION FORM**

(To be completed by APPLICANT)

is applying for the
registration of one or more branch offices pursuant to The Mortgage Loan Company and Loan Broker Act, Kentucky Revised Statutes Chapter 286.8 for the following location(s) (please list by NMLS ID):
Applicant, hereby states, by and through its authorized representative,, that the licensed principal office
(NMLS ID)shall be fully responsible for the control, management, supervision, and actions of the branch referenced herein and its personnel. Control, management, and supervision shall include, at a minimum, implementing adequate procedures and controls to ensure that the branch is operating in a competent and lawful manner and conducting regular and ongoing reviews of employee performance and of work performed by the branch.
Applicant further states that the principal office referenced herein shall be fully responsible for communicating with the department on all licensing, examination, and enforcement matters involving the branch office referenced herein and shall further ensure that all branch personnel are adequately trained, supervised, and competent to perform their assigned duties.
This the day of, 20
Authorized Representative of Applicant Print Name:
Title:

## STATEMENT OF AUTHORIZATION

Ι,	,	state	on	behalf of , Applicant
that I have read the foregoing Branch Authunderstand its contents; that I am authorized to of Applicant, that Applicant agrees freely and comply with the terms and conditions stated he to accept and abide by the terms and condition receiving approval to register the branch reference.	enter into without the rein; and the stated h	and exe hreat of that App erein as	cute this coercion licant vo	know and fully Form on behalf of any kind to luntarily agrees
By:  Authorized Representative of Applicant Print Name: Title:				
<u>ACKNOWLED</u>	GEMEN	<u>r</u>		
STATE OF				
On this the day of, 20_undersigned officer, appear and acknowledge himself/herself to be and that he or she, being authorized to do so, instrument for the purposes therein contained.  In witness whereof I hereunto set my ha	an authori	zed rep	resentativ	did personally re of Applicant
Notary Public Date Commission Expires:				