

**STATE OF NEW YORK
OFFICE OF THE STATE COMPTROLLER**

COLLATERAL LOAN BROKER'S REGISTRATION STATEMENT

Date: _____

Fee: \$5.00
Make Check Payable to
"Comptroller, State of New York"

Article 5, Section 53 of the General Business Law provides - After September First, Nineteen Hundred Sixty, no person, corporation, firm or association shall carry on the business of a collateral loan broker within the State of New York unless and until such collateral loan broker shall have caused to be filed in the Office of the State Comptroller upon forms prescribed by him/her, a statement duly verified as hereinafter provided to be known as "Collateral Loan Broker's Registration Statement".

1. _____
(Print Full Name) (Trade Name)

2. _____
(Street Address of Principal Office) (P.O. Address)

3. _____
(Address of Licensed Premises)

4. _____
(Business Phone Number)

5. _____
(Name and Location of Licensing Body)

6. Date collateral loan broker's license was issued _____

7. Collateral loan broker's license no. _____

8. State whether any other business will be carried on in said premises:
Yes No

9. If "yes", give details _____

10. Check type of organization:

Individual Partnership Corporation

11. If individual: Answer Number 14.

12. If partnership: Answer Number 14.

13. If corporation: Answer Number 15.

14. The following is to be filled in **only by Individual or Partnership Registrant:**

a) The names and addresses of all Individuals or Partners:

Name	Title	Residence	Business Address

The undersigned, each for him/herself, certifies that s/he is the Registrant above named; that s/he knows the contents of the above registration and the statements contained therein and the same are true of his/her own knowledge; that the Registrant will comply with the Rules and Regulations of the State Comptroller pertaining to collateral loan brokers that are now in force or that may in the future be promulgated.

(Date)

(Signature of Individual or Each Partner)

15. The following questions are to be answered **only by a Corporation Registrant**:

- a. Name of Corporation _____
- b. Was Corporation organized in New York State? Yes No
 - (a) If yes, date Incorporated _____
 - (b) If no, State in which incorporated _____, and was a Certificate of Authority to do business in New York State obtained?
Yes No
 - (c) If yes, date of Certificate _____
- c. State principal place of business _____
(Address, City and State)
- d. The names and addresses of all officers of Corporation:

Name	Title	Residence	Business Address

THIS CERTIFICATE TO BE SIGNED AND DATED BY A CORPORATION

_____ certifies that s/he is the _____ of the above named Corporation; that s/he knows the contents of the above registration and the statements and answers therein; that the same are true of his/her own knowledge; that s/he has been authorized, by order of the Board of Directors of said Corporation to make the statements and answers as contained in this registration; that the registrant will comply with the Rules and Regulations of the State Comptroller pertaining to collateral loan brokers that are now in force or that may in the future be promulgated.

(Date)

(Signature of Authorized Officer)

Send the completed registration statement and check to:

Director of Financial Administration
 Registration for Collateral Loan Broker
 Office of the State Comptroller
 110 State Street, 13th Floor
 Albany, NY 12236