

Money Transmitter Questionnaire

Business Name in Full: _____
(As it appears on state license)

Business Address (principal office): _____
(Street, City, State)

Date Formed: _____ Years under current ownership: _____ Number of Owners or Members: _____

Type of business: Corporation LLC Partnership Other (attach explanation)

Estimated Annual Transactions: Last Year: \$ _____ Projected this year: \$ _____

States licensed in: _____

Countries transmissions are sent to: _____

Business activities of applicant: Check Cashing Money Transmitter Other (list): _____

If currently bonded, name of surety: _____ Why changing? _____

Do you maintain a compliance program including a written compliance manual? Yes No

Do you have a designated compliance officer? Yes No

Do you conduct money transmissions through: (check all that apply) Independent, approved agents Company owned outlets
 Subsidiaries/affiliates

Do you have employee dishonesty (fidelity) coverage? Yes No If Yes, carrier name: _____

What is the coverage limit for employee dishonesty? \$ _____

Do you have computer crime/fraud coverage? Yes No If Yes, carrier name: _____

What is the computer crime/fraud coverage limit? \$ _____

Do you have a bank line of credit? Yes No If Yes, Bank _____ Amount \$ _____

Has the applicant/licensee, any principal officer, director, partner or an individual with a 10% or more ownership interest in applicant/licensee ever filed for bankruptcy or been involved with a business that filed bankruptcy? Yes No
If Yes, please attach explanation.

Has any license been suspended, revoked or renewal refused by any state in which you conduct business? Yes No
If Yes, please attach an explanation.

Have you been subject to enforcement action by a licensing authority in a state in which you have conducted business? Yes No
If Yes, please attach an explanation.

Have there been any changes in management or ownership in the last twelve months? If Yes, please provide details. Yes No

Date: _____

By: _____
Signature | Print name and Title