



STATE OF NEW YORK
OFFICE OF THE STATE COMPTROLLER
OFFICE OF UNCLAIMED FUNDS

Collateral Loan Broker's Registration Statement

Registration Fee: \$5.00

Supplemental Registration Fee: \$2.50

Article 5, §53 of the General Business Law (GBL) 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 a statement, duly verified as hereinafter provided, to be known as ‘Collateral Loan Broker's Registration Statement’.”

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

2. _____
(Physical Address of Principal Office) (PO Address)

3. _____
(Address(s) of Principal Office within NYS)

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 number _____

8. Will any other business activities be carried out on the premises of the business? Check the option that applies.

Yes No

9. If yes to question #8, provide details of the other business activities

10. Check the type of organization the business is:

Individual Partnership Corporation

11. If the organization type "Individual" or "Partnership" was selected, complete number 13.

12. If the organization type "Corporation" was selected, skip 13 and complete number 14.

13. To be completed **only by an "Individual" or "Partnership" registrant:**

List the name(s) and address(es) of all Individuals or Partners of the organization:

Name	Title	Address of Residence	Business Address

The undersigned, each for themselves, certifies that they are the Registrant named above; that they know the contents of the above registration and the statements contained therein and the same are true of their 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(s) or Partners)

14. To be completed **only by a corporation registrant:**

a. Name of the corporation: _____

b. Is the corporation organized in the State of New York? Yes No

1) If yes, enter the date incorporated: _____

2) If no, enter the state of incorporation: _____

3) If no, has the corporation obtained a Certificate of Authority to do business in New York State?

Yes No

4) If the response to number 3 is yes, enter the date the Certificate of Authority was issued:

c. Enter the full address of principal place of business of the corporation:

(Street, City, State, Zip Code)

d. List the name(s) and address(es) of all officers of the corporation:

Name	Title	Address of Residence	Business Address

THIS CERTIFICATE IS TO BE SIGNED AND DATED BY A CORPORATION SEEKING REGISTRATION

_____ certifies that they are the _____ of the
(Print Name) (Title)
named corporation; that they know the contents of the above registration and the statements and answers therein; that the same are true of their own knowledge; that they have been authorized, by order of the Board of Directors of said corporation to make the statements and answers as contained in this registration statement; that if the registrant will comply with all the rules and regulations of the Office of the New York State Comptroller pertaining to collateral loan brokers that are now in force or that may in the future be promulgated.

_____ (Date) _____ (Signature of Owner/Officer or Authorized person)

Send the completed registration form and check to:
Voluntary Compliance Unit
Registration for Collateral Loan Brokers
Office of the State Comptroller
110 State Street, 8th Floor
Albany, NY 12236

Make Check Payable to:
"Comptroller, State of New York"