

**GUAM DEPARTMENT OF REVENUE AND TAXATION
INSURANCE, SECURITIES, BANKING AND REAL ESTATE BRANCH**

APPLICATION FOR REGISTRATION
BROKER-DEALER OF SECURITIES

Filing Fee: \$200

Form FCN 2-2-154

The undersigned, an applicant for registration as a broker-dealer of securities, submits the following information to the Administrator of Securities as required by §46203, Uniform Securities Act of Guam

1. Name and residential address of the applicant

2. Business name and address	2 (a). Email address
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3. Type of Firm: Corporation Partnership Sole Proprietorship Other

4. Names, residence, and business address of all persons interested in the business as principals, partners, officers, or directors

NAME AND TITLE	RESIDENTIAL ADDRESS	BUSINESS ADDRESS

5. The general plan and character of business

6. Length of time engaged in securities business as a Broker-Dealer

7. States in which applicant is registered as a Broker-Dealer

8. Stock or bond exchange, if any, of which applicant is a member

YES	NO	
		9. Has an application for registration as an Investment Adviser or Agent or Broker-Dealer ever been refused, revoked, or suspended in any state or territory or by the Securities and Exchange Commission? If yes, attach a complete statement of facts in respect thereto.
		10. Has any person interested in the business as a Principal, Partner, Officer or Director ever been convicted of a violation of a criminal statute? If yes, attach a complete statement of facts in respect thereto.

11. Names, official titles and residential addresses of individuals who were registered as agents of the applicant

NAME AND TITLE	RESIDENTIAL ADDRESS

12. Attach a schedule of work experience of the individuals designated in Question 11, giving names of employers, business addresses, and dates of employment. _____ (Initial)

13. There shall be filed an irrevocable written consent to service of process on the Administrator of Securities as provided by §46414 (g), Chapter 46, Title 22, Government Code of Guam. _____ (Initial)

14. Current financial statement must be attached to this application. _____ (Initial)

Applicant

_____ being first duly sworn, on oath deposes and says that he/she is the _____ of _____ the applicant named in the foregoing application; that he/she is authorized to make this verification for and on behalf of said _____; that he/she has read the application and all the exhibits, statements, and documents attached thereto; that the information contained in the applications, exhibits, statements, and documents is true to the best of his/her information, knowledge and belief.

Authorized Signer

Name and Title (Please Print)

Subscribed and sworn before me this _____ day of _____, _____.
County of _____, state of _____

Notary Public

My Commission Expires