

Page 2 is a continuation sheet to list additional branch offices, duplicate as necessary to complete your filing.

Additional Branch Office Listing for Deferred Presentment Service Providers

Use this form to: Add branch offices to a currently licensed deferred presentment company. Complete all fields for each branch office.

To add a branch office: Check "Add branch" box. Complete all fields for each branch office (branch license number, name and address). You must enter an actual street address. If branch office has a number or other branch identifier, include it in the branch office name field. Each branch office license will be issued in the branch office name you enter. Attach Form FIS 2042 Fee Calculation for Deferred Presentment Service Provider with payment for each branch office listed below.

(Check Box) This application is taking the place of a current or previously licensed entity by the name of: _____

(Check Box) This is a request from a currently licensed company to add branch offices.

Enter Name of Licensee as it appears on your Michigan license	Tax ID Number (FEIN)										
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 10%; height: 15px;"></td> <td style="border: 1px solid black; width: 10%; height: 15px;"></td> <td style="border: 1px solid black; width: 10%; height: 15px;"></td> <td style="border: 1px solid black; width: 10%; height: 15px;"></td> <td style="border: 1px solid black; width: 10%; height: 15px;"></td> <td style="border: 1px solid black; width: 10%; height: 15px;"></td> <td style="border: 1px solid black; width: 10%; height: 15px;"></td> <td style="border: 1px solid black; width: 10%; height: 15px;"></td> <td style="border: 1px solid black; width: 10%; height: 15px;"></td> <td style="border: 1px solid black; width: 10%; height: 15px;"></td> </tr> </table>										

Action (Check Box)	<input type="checkbox"/> Add Branch	Branch Manager Name							
Branch Telephone Number with Area Code				Branch Office Name					
Branch Email Address				Street Address					
				City		State		Zip	

Action (Check Box)	<input type="checkbox"/> Add Branch	Branch Manager Name							
Branch Telephone Number with Area Code				Branch Office Name					
Branch email address				Street Address					
				City		State		Zip	

Filing your completed Additional Branch Office List

Current licensees adding additional branch offices send to DIFS:

By Mail to:
DIFS – Consumer Finance
PO Box 30220
Lansing, MI 48909-7720

Certification: I certify that the information given in and attached to this application is true, complete and correct to the best of my knowledge and belief.

Signature	Date signed
Signer's Name and Title (typed or printed)	

Authority: 2005 PA 422. Failure to complete or submit this information, false statements, or omissions may result in rejection of your application, denial of a license, revocation of a license if issued, and other civil and criminal action.



Michigan Department of Insurance and Financial Services

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Visit DIFS online at: www.michigan.gov/difs Phone DIFS toll-free at: 877-999-6442

This page is a continuation sheet to list additional branches being added to a currently licensed company, duplicate as necessary to complete your filing.

Action (Check Box)	<input type="checkbox"/> Add Branch	Branch Manager Name			
<hr/>			Branch Office Name		
<hr/>			Street Address		
<hr/>			City	State	Zip

Action (Check Box)	<input type="checkbox"/> Add Branch	Branch Manager Name			
<hr/>			Branch Office Name		
<hr/>			Street Address		
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