

**SETTLEMENT AGENT REGISTRATION FORM
FOR A FINANCIAL INSTITUTION OR ITS AFFILIATE OR SUBSIDIARY
PURSUANT TO CHAPTER 10 OF TITLE 55.1 OF THE CODE OF VIRGINIA**

**Bureau of Financial Institutions
State Corporation Commission
1300 East Main Street, Suite 800
Post Office Box 640
Richmond, Virginia 23218-0640**

Instructions
Attach a check for \$100 payable to the Treasurer of Virginia.

The undersigned hereby wishes to register with the State Corporation Commission as a Settlement Agent pursuant to Chapter 10 of Title 55.1 of the Code of Virginia.

1. Name of Registrant _____
2. Mailing Address _____
3. FEIN/SSN _____
4. Registrant is a: () Financial Institution () Subsidiary or Affiliate of a Financial Institution
Name of financial institution of which entity is a subsidiary or affiliate _____
5. Applicable Virginia or Federal licensing/regulatory authority _____
6. Date on which entity was licensed or otherwise authorized to transact business in Virginia _____
7. List each location where settlement agent business will be conducted (Include street address, city, state, zip code and telephone number for each location):

Address	Telephone Number

(Attach additional sheets as necessary)

CERTIFICATION

The undersigned certifies that he/she has been duly authorized to execute and file the foregoing registration form, and that to the best of his/her knowledge, information, and belief, the registration form contains no misstatement of fact and does not omit a material fact called for.

Name (Type or Print)

Signature

Telephone Number

Title