

STATE OF MAINE
BUREAU OF FINANCIAL INSTITUTIONS
36 STATE HOUSE STATION
AUGUSTA ME 04333-0036
TEL: (207) 624-8570
FAX: (207) 624-8590

MAINE CONSUMER CREDIT CODE
NOTIFICATION
FORMBB-34

SUPERVISED FINANCIAL ORGANIZATIONS
(BANK OR CREDIT UNION)

This notification filing is required of supervised financial institutions in accordance with the provisions of the Maine Consumer Credit Code at Title 9-A, MRSA, §6-202 prior to commencing business in the State of Maine.

1. Name Of Organization (including d/b/a): _____

2. Address: _____

3. City/Town: _____ State: _____ Zip: _____

4. Telephone: _____ Fax: _____

5. Addresses of locations that extend credit to Maine consumers:

Street Address City State

6A. Location of credit transaction records :

City/Town: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

6B. Provide the following information for the person to be contacted for the scheduling of our compliance examination:

Name: _____

Address: _____

City/Town: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

E-Mail Address: _____

6C. Provide the following information for the person to be contacted for complaint resolution:

Name: _____

Address: _____

City/Town: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

E-Mail Address: _____

6D. Designated agent upon whom service of process may be made in the State of Maine:

Name: _____

Address: _____

City/Town: _____

State: _____

Zip: _____

Telephone: _____

Fax: _____

E-Mail Address: _____

7A. Business Structure:

Commercial Bank
 Savings Bank
 Savings and Loan Association
 Credit Union
 Universal Bank
 Limited Purpose Bank

Holding Company
 Holding Company Subsidiary
 Bank Subsidiary
 Other (please specify) _____

7B. Type of Charter:

STATE

FEDERAL

OTHER

7C. Chartering Authority: _____

8A. Provide a description of the activities to be conducted in Maine:

8B. If consumer credit transactions are entered into otherwise than at an office located in this State, provide a brief description of the manner in which they are entered into:

8C. Current Web address: _____

8D. Does the institution maintain a transactional website? If so, provide a brief description of the on-line loan application process.

CERTIFICATION

By checking the box below, I hereby certify that the statements in this notification are true and correct to the best of my knowledge and belief.

Certification Box

Dated this

Day of

(Day)

_____,
(Month)

(Year)

Signature:

Name Typed or Printed Legibly:

Title:

Telephone:

Fax:

E-MAIL Address:

Name of Financial Institution:

**THIS FORM MUST BE ACCOMPANIED BY \$20
PLEASE MAKE CHECK PAYABLE TO TREASURER, STATE OF MAINE AND RETURN TO:**

**BUREAU OF FINANCIAL INSTITUTIONS
36 STATE HOUSE STATION
AUGUSTA MAINE 04333-0036
<http://www.maine.gov/pfr/financialinstitutions/index.shtml>**