AFFIDAVIT OF BROKER/DEALER ACTIVITY

NORTH DAKOTA SECURITIES DEPARTMENT

SFN 53495 (7-2011)

Securities Department
600 E Boulevard Ave Dept 414
Bismarck ND 58505
(701) 328-2910
www.ndsecurities.com

Name of Applicant:

Applicant does hereby certify:

☐ 1. That the above-named Applicant has offered for sale or sold securities, solicited clients, transferred clients,or been involved in wrap-fee programs within this state. (Attach a list of names and addresses of North Dakota residents solicited in our state.)

☐ 2. That the above-named Applicant has not offered for sale or sold any securities, solicited clients, transferred clients, or been involved in wrap-fee programs within this state.

☐ 3. That the above-named Applicant has offered for sale and sold securities, solicited clients, transferred clients, or been involved in wrap-fee programs within this state pursuant to an exempt transaction.
(Please specify which exemption was relied upon):

I, on behalf of _____ (Name of Applicant), acknowledge the foregoing to be truthful with full knowledge that misrepresentation of such facts to the Securities Department of the State of North Dakota may result in administrative action by the Department.

Signature of Officer, Partner or Sole Proprietor:
Subscribed and sworn to before me this _____ day of _____, 20 _____.

_____
Notary Public

County of _____

(NOTARIAL SEAL)

State of _____

My commission expires on _____

THE INFORMATION PROVIDED ON THIS AFFIDAVIT MAY BE VERIFIED WITH YOUR CLEARING FIRM. PLEASE PROVIDE THE FOLLOWING INFORMATION REGARDING YOUR CLEARING FIRM (IF YOU HAVE A CLEARING FIRM ARRANGEMENT):

Name of Clearing Firm:
Name of Contact Person with Firm:
Address of Firm: