



STATE OF ALABAMA STATE BANKING DEPARTMENT



Instructions for Completing the Notification of Change in Ownership

- You must complete this form by typing in the information and printing it from the online location or print the form and then type the information. **NO HANDWRITTEN FORMS WILL BE ACCEPTED.**
- Complete all sections on the form to make sure we have the most current information. Please attach a copy of the corporate documentation reflecting the change of ownership.
- If you have more than one licensed location then please give the license number for the location that is considered to be the home/main office.
- If you have more than six owners then you can attach another change of ownership form listing the additional owners' information. Please number the pages at the bottom if more than one change of ownership form is needed.
- Failure to complete this form correctly could affect the amount of time needed to process your request.



STATE BANKING DEPARTMENT OF ALABAMA

NOTIFICATION OF CHANGE IN OWNERSHIP

PLEASE COMPLETE ONLINE AND PRINT FORM OR TYPE

License Information

Company Name:	d/b/a:		
License No.:	(found on license, should start with a MC,SL,MB,PS or DP)		
License Type:	Consumer Credit/MiniCode (ACCA)	Small Loan (ASLA)	Pawnshop (APA)
	Deferred Presentment (ADPSA)	Mortgage Broker (AMBLA)	

Notification of Change in Ownership

New Ownership

Name:	Title:	Ownership %:	
Residence Address:	City:	St:	Zip:
Business Address:	City:	St:	Zip:
E-mail:	Phone #:		

Name:	Title:	Ownership %:	
Residence Address:	City:	St:	Zip:
Business Address:	City:	St:	Zip:
E-mail:	Phone #:		

Name:	Title:	Ownership %:	
Residence Address:	City:	St:	Zip:
Business Address:	City:	St:	Zip:
E-mail:	Phone #:		

Name:	Title:	Ownership %:	
Residence Address:	City:	St:	Zip:
Business Address:	City:	St:	Zip:
E-mail:	Phone #:		

Name:	Title:	Ownership %:	
Residence Address:	City:	St:	Zip:
Business Address:	City:	St:	Zip:
E-mail:	Phone #:		

Name:	Title:	Ownership %:	
Residence Address:	City:	St:	Zip:
Business Address:	City:	St:	Zip:
E-mail:	Phone #:		

Effective Date of Change in Ownership

Date:

Authorization for Change

Type Name:

I affirm that I am authorized to provide the information noted above in my official capacity for the company.

Signature:	Position:	Date:
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Please mail form and any attachments to : For Departmental Use:

State Banking Department Attn: Bureau of Loans P. O. Box 4600 Montgomery, AL 36103-4600	Date Received: _____ Changed in Database _____ Change Approved (initials) _____
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