



STATE OF ALABAMA STATE BANKING DEPARTMENT



Instructions for Completing the Notification of Change in Contact Information

- Please complete this form by typing 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.
- This form can be used for multiple locations of the same company. Reference the home/main office license number if the individuals named are the applicable contacts for the entire company. If the individuals change for various locations then complete a form for each location.
- Complete a separate form for each business entity. One form cannot be used for multiple companies with different names.



STATE BANKING DEPARTMENT OF ALABAMA

NOTIFICATION OF CHANGE IN CONTACT INFORMATION

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)	Mortgage Broker (AMBLA)
	Deferred Presentment (ADPSA)	Pawnshop (APA)	

Notification of Change in Contact Information

Complaint Contact

Name:	Title:		
Mailing Address:	City:	St:	Zip:
Phone #:	Fax #:		
E-mail:			

Licensing Contact

Name:	Title:		
Mailing Address:	City:	St:	Zip:
Phone #:	Fax #:		
E-mail:			

Examination Contact

Name:	Title:		
Mailing Address:	City:	St:	Zip:
Phone #:	Fax #:		
E-mail:			

Annual Report Contact

Name:	Title:		
Mailing Address:	City:	St:	Zip:
Phone #:	Fax #:		
E-mail:			

Effective Date of Change of Contact Information

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:
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) _____

*NOTE: Reference the home office license number if the individuals above are the applicable contacts for all locations. If the individuals mentioned above change for various locations, then complete a form for each location.