



State of New Jersey

DEPARTMENT OF BANKING AND INSURANCE
DIVISION OF BANKING
PO Box 040
TRENTON, NJ 08625-0040

CHRIS CHRISTIE
Governor

KIM GUADAGNO
Lt. Governor

THOMAS B. CONSIDINE
Commissioner

Date: _____

Four horizontal lines for address or recipient information.

RE: () FOREIGN MONEY TRANSMITTER EXAMINATION
() MONEY TRANSMITTER EXAMINATION
License Reference # _____

Dear Licensee:

Pursuant to the authority granted to the Commissioner by the laws of the State of New Jersey, the Department of Banking and Insurance has scheduled an examination of your operations conducted under the above captioned licensed activities. The Examiner-in Charge, _____ has scheduled your examination date for _____. Their contact information is through e-mail _____ or telephone number _____.

Please refer to the enclosed instructions and have the requested information (Scope) available for the examiner on the first day of the examination.

In addition to furnishing the requested information, please have the responsible contact person available during the course of the examination. Also, please provide adequate private working space for the examiner with a convenient electrical outlet for their computer equipment.

Your immediate attention to the above is requested.

Sincerely,

John S. Pavlovsky, Jr.
Field Manager
Office Consumer Finance

SCOPE

INDEX

PAGE
NO.

Contents

3-4

Instructions

5

Attorney's Letter

6

Licensing Information

7

Operations

8

Affidavit of Principal Officer/Licensee

SCOPE **INSTRUCTIONS**

Please complete all of the enclosed pages. If a particular item is not applicable to your organization, please note that it is not applicable.(N/A). All pages are self-explanatory except those specifically referred to below.

1. The review period includes the time since the previous examination or _____ to the present day _____.

2. Specific activities that will be reviewed by the examiner include but are not limited to:
 - a. Daily transaction logs
 - b. Currency Transaction Reports (CTR)
 - c. Operational methods
 - d. Receipts for Business Transacted

3. Page 5: Make as many copies of this page as you require. Complete this form by dating it, addressing it to each attorney who performs any legal services for you, signing the release and forwarding it to each attorney to whom it is addressed. The Examiner-in-Charge must receive a response from each attorney by the completion of the examination.

SCOPE **INSTRUCTIONS**

Please have the following items ready for the examiner's review: (New Jersey Transactions Only)

1. All policies defining the type of transactions to be processed and business to be conducted. Also, have available your BSA/AML Policy & Procedures manual.
2. A listing of all fees associated with the transaction.
3. A sample of blank documents needed to complete the transaction.
4. Statements of all checking or other transactional type accounts with paid checks.
5. A copy of the most recently prepared financial statements. Also, the most recently filed annual report for year end_____.
6. Detail that the required net worth is in conformance with the regulation. N.J.S.A. 17:15C – 5 (e.g. *bank statements*)
7. Confirmation of all investments. (Fax copies are acceptable).
8. All files concerning enforcement actions issued by the Department.
9. All files containing any complaints received during the review period.
10. All files containing pending litigation.
11. A copy of agreements with all authorized delegates, third party vendors.
12. An organization chart with a schedule listing all Key Shareholders and Executive Officers, detailing titles, length of service, duties and responsibilities and percentage of ownership.
13. Please provide a list of all affiliated organizations.



State of New Jersey

DEPARTMENT OF BANKING AND INSURANCE
DIVISION OF BANKING
PO Box 040
TRENTON, NJ 08625-0040

CHRIS CHRISTIE
Governor

KIM GUADAGNO
Lt. Governor

THOMAS B. CONSIDINE
Acting Commissioner

Date: _____

Re: Official Examination of

Dear _____:

The above captioned licensee is regulated by this Department and is currently under examination. Please respond as soon as possible by mail or fax to the licensee, addressing your response to the Examiner-in-Charge, _____, providing the following information.

1. The capacity in which you are representing the licensee.
2. The amount of the fee you charge for representing the licensee.
3. Material litigation in which the licensee or its authorized delegates are involved in any capacity, including your estimate of losses or potential liability.
4. Please identify any contingent liabilities of the licensee of which you have knowledge.

Sincerely,

John S. Pavlovsky, Jr.
Field Manager

Release of the above requested information is hereby authorized.

Signature: _____

Title: _____

SCOPE

LICENSING INFORMATION

A. Provide the following licensing information for each licensed activity:

1. List the address of all offices, including the main office and all branch offices, as well as all out-of-State offices which initiate transactions in New Jersey.
2. For each office listed above, list the licensed activities approved for that office.
3. List all business that is conducted at all of the licensed locations, please provide a detailed explanation.

If any owner, licensee, partner or officer of the company holds a license or registration, other than a motor vehicle license or registration, issued by any Federal or State government authority, provide the following information:

1. Name
2. Type of license or registration held
3. Issue date
4. License number
5. Issuing authority

B. Please list the name, title, address and phone number of the officer who will be responsible for coordinating the examination.

Please list the name, title, address and phone number of the person to whom any correspondence related to this examination should be addressed.

C. Please indicate the type of review of your financial statements and the frequency of the preparation of financial statements.

<u>TYPE</u>		<u>FREQUENCY</u>	
Audit	_____	Annual	_____
Review	_____	Semi-Annual	_____
Compilation	_____	Quarterly	_____
Internal	_____	Monthly	_____



State of New Jersey

DEPARTMENT OF BANKING AND INSURANCE

DIVISION OF BANKING

PO Box 040

TRENTON, NJ 08625-0040

CHRIS CHRISTIE
Governor

KIM GUADAGNO
Lt. Governor

THOMAS B. CONSIDINE
Acting Commissioner

AFFIDAVIT OF PRINCIPAL OFFICER OR LICENSEE

I, _____ Principal officer/licensee of
_____, do solemnly

affirm that, to the best of my knowledge and belief, the information provided in response to the Scope is complete and correct at the time of the commencement of the examination and that any changes thereto will be immediately reported to the Examiner-in-Charge before the completion of the examination.

Principal Officer/Licensee

Title

Date