

STATE OF CALIFORNIA –DEPARTMENT OF BUSINESS OVERSIGHT
**REQUEST FOR CONSENT TO TRANSFER AN INTEREST IN AN ESCROW
 AGENT’S LICENSE**



DBO – EL 17213 (Rev. 08-13)

Department of Business Oversight’s File No _____

1. (a) *Name of Escrow Agent:* _____
 (b) *Former Name, if any:* _____

2. *Description of interest(s) and number proposed to be transferred:*
(State title of each class of interests (e.g., Class A Common Stock). If rights, warrants and options are listed, also specify the securities to be transferred upon exercise thereof. If securities are to be pledged, so state.)

3. *Name and address of each transferor:*
(If space is insufficient, incorporate and attach additional sheets.)

<i>Name</i>	<i>Address</i>	<i>Aggregate Number to be Transferred</i>	<i>Percentage to Total Number Outstanding</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. *Name and address of each proposed transferee:*
(If space is insufficient, incorporate and attach additional sheets.)

<i>Name</i>	<i>Address</i>	<i>Aggregate Number to be Transferred</i>	<i>Percentage to Total Number Outstanding</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

5. *Address of principal executive office of Escrow Agent:*

(Number and Street) (City) (State) (Zip Code)

STATE OF CALIFORNIA –DEPARTMENT OF BUSINESS OVERSIGHT
**REQUEST FOR CONSENT TO TRANSFER AN INTEREST IN AN ESCROW
AGENT’S LICENSE**

DBO – EL 17213 (Rev. 08-13) Page 2 of 2

6. *Name and address of person to whom correspondence regarding this request for consent should be directed:*

(Name) (Number and Street) (City) (State) (Zip Code)

7. *Execution Instructions:*

If a transferor is other than an individual, the name of the entity should be typed or printed above the signature line exactly as shown in Item 3. The signature should show the name and title of the person authorized to sign for such transferor.

I/We certify (or declare) under penalty of perjury under the laws of the State of California that I/we have read this notice and know the contents thereof, and that the statements herein are true and correct.

Executed at _____, _____
(Place) (Date)

(If the transferor is other than an individual, give the name of the entity and the name and title of the person executing the application on behalf of such entity.)

(Signature of Transferor)

(Signature of Transferee)

(Signature of Transferor)

(Signature of Transferee)

(Signature of Transferor)

(Signature of Transferee)