

# SALE OF CAPITAL STOCK FOR OTHER THAN CASH APPLICATION

Application No.:

*For your convenience, the application/notice that you are reviewing includes all questions contained on the type of capital/dividend application/notice that you completed. We have provided all questions for your review to ensure that you have an opportunity to see those questions that you answered and the questions that you did not previously see or answer. Your attention should be focused on those questions with answers, with the other questions provided for your information.*

## National Bank Identifying Information

Charter No.:

Name of Bank:

Street address:

City:

County:

State:

Zip:

Supervisory

District:

Filing Fee: \$

## Capital Increase Details

We wish to change our corporate structure by issuing:

	Number of Shares	Par Value (\$)
Common Stock:	_____	_____
Preferred Stock:	_____	_____

For: (Description of Property)

Value (\$):

Property Valuation Method:

If applicable, upload a copy of the appraisal of the property:

[For preferred stock] The terms of the preferred stock are as follows: [Describe the terms (e.g., voting rights, convertible, cumulative, redeemable, preference rights, dividend rate, issue price). Alternatively, a copy of the preferred stock agreement can be provided.]

**A copy of the amendment, or proposed amendment, to the Articles of Association authorizing the preferred stock can be uploaded:**

**The effects of the change on the equity capital accounts and capital ratios are detailed in the attached Pro Forma Balance Sheet and Projected Regulatory Capital Schedule (click on the link to open the balance sheet and projected capital schedule, save the blank document, complete the balance sheet and capital schedule, and upload the completed document):**

**Shareholders:**

- Do need to approve an increase in authorized shares.**
- Do not need to approve an increase in authorized shares.**

<u>Current Authorized Shares</u>	<u>Outstanding Shares</u>
Common Stock: _____	_____
Preferred Stock: _____	_____

**The bank:**

- Is currently subject to a capital plan filed with the Comptroller of the Currency.**  
-Capital Plan:
- Is not currently subject to a capital plan filed with the Comptroller of the Currency.**

**The proposed change conform to the plan by:**

**Contact Person Requests for additional information or other communications about this proposal should be directed to:**

Name:

Title:

Street Address:

City:

State:

Zip:

Phone:

Fax:

Email:

**Additional Attachments**

**DesiredActionDate**

I/We desire OCC action on this application no later than .

**Certification**

The resulting capital structure will comply with all statutory minimum capital requirements, including 12 USC 51 (capital requirements), 12 USC 371d (investment in bank premises), and 12 CFR 6 (prompt corrective action).

I hereby certify that the bank's board of directors has authorized the filing of this application, and that to the best of my knowledge, it contains no misrepresentations or omissions of material facts. In addition, I agree to notify the OCC if the facts described in the filing materially change prior to receiving a decision.

I acknowledge that any misrepresentation or omission of a material fact constitutes fraud in the inducement and may subject me to legal sanctions provided by 18 USC 1001 and 1007.

I acknowledge that approval of this application is in the discretion of the Comptroller of the Currency. Actions or communications, whether oral, written, or electronic, by an agency or its employees in connection with this filing, including approval of the application if granted, do not constitute a contract, either express or implied, or any other obligation binding upon the agency, other federal banking agencies, the United States, any other agency or entity of the United States, or any officer or employee of the United States. Such actions or communications will not affect the ability of the agency to exercise its supervisory, regulatory, or examination powers under applicable law and regulations. I further acknowledge that the foregoing may not be waived or modified by any employee or agent of a federal banking agency or of the United States.

I agree  I do not agree

*(If you do not indicate that you agree with the terms of the certification you cannot certify.)*

**Signature**

Signature of Authorized Officer:

Typed Name:

Title:

Date:

Name of Bank:

BankNet Security verified that was a valid signer for as of.