

Federal Financial Institutions Examination Council



Abbreviated Foreign Branch Report of Condition—  
FFIEC 030S

Report at the close of business December 31, \_\_\_\_\_  
Year

This report is required by law (12 U.S.C. § 321, 324, and 602 (FRB); 12 U.S.C. § 161 and 602 (OCC); and 12 U.S.C. § 1828 (FDIC)).

collected on this form must be released, respondents will be notified.

The Federal Financial Institutions Examination Council regards the information provided by each respondent as confidential. If it should subsequently be determined that any information

A Federal agency may not conduct or disseminate information for purposes of regulation is not required to respond to this information unless it displays a currently valid C

Move "Consolidation Option" including lines for consolidated branches to new page 2.

Name of Bank

Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_

Consolidation Option

Banks may, at their option, consolidate the figures for all other branches located in the same country on the report form, using the name and address of the principal branch. ~~When~~ If the bank elects to consolidate, complete the following statement. ~~A or B below should be completed, as appropriate.~~

~~A. No figures are shown for this branch because of consolidation with those reported for the \_\_\_\_\_ branch.~~  
Name of Country's Principal Branch

~~B. Figures reported in this report are a consolidation of all \_\_\_\_\_ branches in \_\_\_\_\_  
Number Country~~

Please list the consolidated branches on the lines below

Foreign Branch

Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City / Town \_\_\_\_\_  
Country \_\_\_\_\_

~~For consolidation option B, please list the consolidated branches on the lines below:~~

Street Address \_\_\_\_\_ City \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_

(If more space is needed, please list addresses for the other branches on a separate page.)

All banks and savings associations should submit completed and signed original hard copy report forms to the appropriate Federal Reserve District Bank.

Insert 1 in space above (see page 2).

Public reporting burden for this collection of information is estimated to average 0.5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate, including suggestions for reducing this burden, to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503, and to one of the following: Secretary, Board of Governors of the Federal Reserve System, 20th and C Streets, NW, Washington, DC 20551; Legislative and Regulatory Activities, Office of the Comptroller of the Currency, 250 E Street, SW, Washington, DC 20219; Assistant Executive Secretary, Federal Deposit Insurance Corporation, 550 17th Street, NW, Washington, DC 20429.

Charter Country City Branch

Name of Bank Branch

U.S. Dollar Amounts in Thousands

**Financial Data**

	FORB	Bil	Mil	Thou	
1. Gross due from related institutions .....	3002				1.
2. Total assets .....	2170				2.
3. Gross due to related institutions .....	3001				3.
4. Total gross notional amount of derivative contracts .....	F156				4.
5. Commercial and similar letters of credit, standby letters of credit, and foreign office guarantees .....	F157				5.

I, \_\_\_\_\_, \_\_\_\_\_ of the above named bank do hereby declare that this report of condition is true and correct to the best of my knowledge and belief.

Signature of Officer Authorized to Sign Report

Page 1, insert 1

The FFIEC 030S is to be prepared in accordance with federal regulatory authority instructions and must be signed by an authorized officer of the parent U.S. institution. The authorized officer may be the chief financial officer or equivalent senior officer.

I, the undersigned authorized officer of the named parent U.S. institution attest that the FFIEC 030S report (including any consolidated branches) for this report date has been prepared in conformance with the instructions issued by the federal regulatory authority and is true and correct to the best of my knowledge and belief.

[Printed Name of Authorized Officer (FORB C490)]

[Signature of Senior Officer]

[Title of Officer (FORB C491)]

[Date of Signature (MM/DD/YYYY) (FORB J196)]