

After the Fact Notice: FSA Branch/Relocation

General Information and Instructions

Preparation and Use

This notice is used by federal saving associations (FSA) to effect a transaction under 12 CFR 5.31 for branch establishments and relocations. Pursuant to 12 CFR 5.31, an FSA is required to provide a written notice to the Office of the Comptroller of the Currency (OCC) no later than 10 days after the opening or relocation of a branch.

Important Information You Need to Know

- Only “eligible” FSAs as defined in 12 CFR 5.3 may use this notice form.
- FSAs and state savings associations establishing branches in Washington, D.C., may not use after-the-fact notice procedures.
- Short distance relocations as defined by 12 CFR 5.3(l) are exempt from filing or notice requirements.
- Drive-in or pedestrian facilities as defined in 12 CFR 5.31(f)(2)(i) are exempt from filing or notice requirements.
- The OCC may require an application if the OCC receives a public comment opposing the branch or relocation.

Notice of Publication

A public notice is required for all branch establishment and relocation applications and notices. The applicant must publish notice of the proposed branch establishment or branch relocation in a newspaper of general circulation in the community or communities in which the applicant proposes to establish or relocate a branch. FSAs must publish notice at least 35 days prior to establishing or relocating a branch but no more than 12 months from the date of opening or relocation. The OCC will provide specific requirements for the notice of publication.

There is optional and required language for the notice of publication. The following optional language may be used to meet the publication requirements.

Notification is given that *(name of bank)*, *(street address, city, state, and zip code)* publishes notice under 12 CFR 5.8 of its intent to *(establish/relocate)* a branch office [describe type of branch]. [If a relocation, indicate current and proposed addresses.] Within 30 days of the date of this publication, any person wishing to comment on this application may file comments in writing with the Director for District Licensing [insert address of appropriate district office] or *(appropriate e-mail address)*.

Please see the “Branches and Relocations” booklet of the *Comptroller’s Licensing Manual* for a discussion of the various types of branches.

Submission

In addition to an original notice and the appropriate number of signed copies, submit an electronic copy of the information in the notice, especially of the business plan's financial projections, if applicable. For e-mail submissions, contact the OCC for instructions and information about secure transmission of confidential material.

Confidentiality

Any applicant desiring confidential treatment of specific portions of the notice must submit a request in writing with the notice. The request must discuss the justification for the requested treatment. The applicant's reasons for requesting confidentiality should specifically demonstrate the harm (for example, loss of competitive position, invasion of privacy) that would result from public release of information (5 USC 552 or relevant state law). Information for which confidential treatment requested should be (1) specifically identified in the public portion of the notice (by reference to the confidential section); (2) separately bound; and (3) labeled "Confidential." The applicant should follow the same procedure when requesting confidential treatment for the subsequent filing of supplemental information to the application. Contact the OCC for any further questions regarding requests for confidential treatment.

After the Fact Notice: FSA Branch/Relocation

Applicant

Name			Charter no.
------	--	--	-------------

Current street address

City	County	State	Zip code
------	--------	-------	----------

Parent Company Identifying Information *(if applicable)*:

Name

Street

City		State	Zip code
------	--	-------	----------

Contact Person:

Name			Title
------	--	--	-------

Employer

Street

City		State	Zip code
------	--	-------	----------

Telephone no.	Fax no.	E-mail address	
---------------	---------	----------------	--

TYPE OF NOTICE (Check appropriate boxes)

BRANCH ESTABLISHMENT

BRANCH RELOCATION

Note: Branch relocations that do not meet the short distance criteria of 12 CFR 5.3(l) must also comply with the advance branch closing procedures in 12 USC 1831r-1.

Establishing or (if applicable) Relocating From:

Name

Current street address

City

County

State

Zip code

Relocating To (if applicable):

Name

Street address

City

County

State

Zip code

Date of establishment or relocation: _____

OCC CERTIFICATION

I certify that the bank's board of directors, shareholders, or a designated official has authorized the filing of this notice. I certify that the information contained in this notice has been examined carefully and is true, correct, complete and current as of the date of this submission.

I acknowledge that any misrepresentation or omission of a material fact with respect to this notice, any attachments to it, and any other documents or information provided in connection with this notice may be grounds for the OCC to require cessation of the proposed activity, and may subject the undersigned to legal sanctions, including the criminal sanctions provided for in Title 18 of the United States Code.

I acknowledge that the activities and communications by OCC employees in connection with the filing do not constitute a contract, express or implied, or any other obligation binding upon the OCC, the United States, any agency or entity of the United States, or any officer or employee of the United States, and do not affect the ability of the OCC to exercise its supervisory, regulatory and examination authorities under applicable law and regulations. I further acknowledge that the foregoing may not be waived or modified by any employee or agent of the OCC or the United States.

President or other authorized officer

Typed name

Title

Employer