**Liquidation—Final Report**

**Federal Branch, Limited Federal Branch, Federal Agency Identifying Information**

OCC License No. Date Liquidation Started \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Liquidation Completed \_\_\_\_\_\_\_\_\_\_\_

Name (*exact corporate title of bank*)

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*office address, street, city, state, ZIP Code, country*)

**Liquidating Agent/Correspondent Identifying Information**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City State ZIP Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone No. Fax No. E-Mail \_\_\_\_\_\_\_\_\_\_\_\_\_

**[If applicable]** The liquidation occurred because of an acquisition of the assets and liabilities by (*name the acquiring institution*).

I/We, the undersigned, being the (*liquidating agent/liquidating committee*), certify the attached\* report of assets and liabilities to be a true statement, to the best of my/our knowledge and belief. Please release the Capital Equivalency Deposit (CED) held for the benefit of the OCC to (*name of foreign bank*).

Executed this of , .

(Liquidating Agent) (Correspondent for Committee)

(If there is a liquidating committee, every member should sign.)

\*NOTE: The referenced report of assets and liabilities must be certified by a CPA and should reflect zero balances with the exception of the CED account.