# Federal Branch and Agency Relocation Application

## Foreign Bank Identifying Information

Foreign Bank Name:				
Foreign Bank Name:	(exact corpo	orate title of bank)		
Address:	office address of forei	gn bank, city, stat	e, country)	
Federal Branch or Agency Iden	tifying Information			
OCC License No.		A fee of \$	is enclosed.	
Present Location (street ad				
(street ad	ddress of federal brai	nch, city, county,	state, ZIP Code)	
Proposed Location	ss of federal branch,			
(street addres	ss of federal branch,	city, county, state	, ZIP Code)	
Desired Relocation Date _				
Application Identifying Informa	ation			
Application is hereby made (within the same state/to a		elocate a federal b	ranch or agency	
Does the proposed relocati distance" relocation pursua		e criteria to qualify Y		
Distance between present a	Distance between present and proposed locations (in feet or mile			
Does this application quali	fy for or has it been a		dited review? es □ No □	
Representative Information				
Name				
Address				
City				
Phone No.	Fax No.	E-M	ail	

(include country code and area code as applicable)

#### **Publication Information**

	Public notice is being published in		of newspaper)		
		□ is enclosed	□ will be forwarded		
	sts for additional Information or of I be directed to:	ther communications	about this proposal		
	(Name)	(Title)			
	(Mailing Address)	(Phone No.)			
itory a	nd Regulatory Factors				
1. Leg	ality				
a.	Do any federal and state legal requirements exist that will affect the				
	planned relocation?		Yes 🗆 No 🗆		
	If "yes," does this filing comply	with state law requir	rements? Yes □ No □		
	If the preceding answer is "no, precedential under federal and/ and provide a legal analysis from	or state laws, list app	licable law citations		
b.	Are there any other legal issues	involved with this p	roposal? Yes □ No □		
	If "yes," provide a legal analysis and fully discuss the legal issue(s).				
C.	Is the notice or application requ	uired by any other reg	gulatory authority? Yes □ No □		
	If "yes," submit a copy of the no	otification/applicatior	۱.		
2. Bus	iness				
	Will the relocation alter the typ branch or agency?	es of business condu	cted by the federal Yes □ No □		
	If "yes," discuss management's branch or agency.	strategic plan for the	relocated federal		
3. Cor	nmunity Reinvestment Act (CRA)				

Is the federal branch insured by the Federal Deposit Insurance Corporation (FDIC)? Yes  $\Box$  No  $\Box$ 

If "yes," CRA applies and the applicant should discuss how the relocation will affect the assessment areas and the provision of banking services to the community.

#### **Desired Action Date**

I/we desire OCC action on this application no later than (date).

I certify that senior management of the foreign bank has authorized the filing of this application (certified authorization enclosed), and that to the best of my knowledge, it contains no misrepresentations or omissions of material fact. In addition, I agree to notify the OCC if the facts described in the filing materially change prior to receiving a decision.

I certify that any misrepresentations or omissions of material facts in this application, any attachments to it, and any other documents or information provided in connection with this application may be grounds for denial or revocation of the approval, and may subject the undersigned to other legal sanctions, including the criminal sanctions provided for in 18 U.S.C. 1001, 1007, and 1014.

I acknowledge that approval of this application is in the discretion of the OCC. 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 OCC 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 the OCC or of the United States.

Signature of Authorized Officer

Typed Name

Title

Date

### Enclosures: (As applicable)

- Filing fee
  Proof of publication
  Legal opinion
  Other regulatory applications/notices
  Reason for relocation
  CRA discussion