

# Annual Report of Foreign Banking Organizations—FR Y-7

#### Report at the close of business as of the end of fiscal year

This report form is authorized by law: Sections 8(a) and 13(a) of the International Banking Act (12 U.S.C. §§ 3106(a) and 3108(a)); sections 113, 165, 312, 618, 809 of the Dodd-Frank Act (12 U.S.C. §§ 5361, 5365, 5412, 1850a(c)(1), and 5468(b)(1)).

NOTE: The Annual Report of Foreign Banking Organizations must be signed by an authorized official of the foreign banking organization.

Ι,

Name of Foreign Banking Organization Authorized Official

Title of Foreign Banking Organization Authorized Official

attest that the Annual Report of Foreign Banking Organizations (including the supporting attachments) for this report date have been prepared in conformance with the instructions issued by the Federal Reserve System and are true and correct to the best of my knowledge and belief.

With respect to information regarding individuals contained in this report, the Reporter certifies that it has the authority to provide this information to the Federal Reserve. The Reporter also certifies that it has the authority, on behalf of each individual, to consent or object to public release of information regarding that individual. The Federal Reserve may assume, in the absence of a request for confidential treatment submitted in accordance with the Board's "Rules Regarding Availability of Information," 12 C.F.R. Part 261, that the Reporter and individual consent to public release of all details in the report concerning that individual.

Signature of Foreign Banking Organization Authorized Official Date of Signature Indicate status of Annual Report to Shareholders: □ is included with the FR Y-7 report will be sent under separate cover is not prepared For Federal Reserve Bank Use Only RSSD ID

CL

Return to the appropriate Federal Reserve Bank the original and number of copies of the completed report required by the Federal Reserve Bank. The Federal Reserve may not conduct or sponsor, and an organization (or a person) is not required to respond to, an information collection unless it displays a currently valid OMB control number.

Date of Report (foreign banking organization's fiscal year-end):

Month / Day / Year

Reporter's Legal Entity Identifier (LEI) (20-Character LEI Code)

Reporter's Name, Street, and Mailing Address

Legal Name of Foreign Banking Organization (Top-tier if filing as a tiered organization)

Street Address of the Foreign Banking Organization

City

Citv

Country

Country

Mailing Address of the Principal Office (If different from street address)

Person in the United States to whom guestions about this report should be directed:

Name	Title	
Street		
City	State	Zip Code
Area Code / Phone Number	Area Code / F	AX Number

E-mail	Address
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Address (URL) for the Foreign Banking Organization's web page

Is confidential treatment requested for any portion of	0=No	
this report submission?	1=Yes	
In accordance with the General Instructions for this report (check only one),		
<ol> <li>a letter justifying this request is being provided alor with the report</li> </ol>	0	🗆
2. a letter justifying this request has been provided se	paratel	у 🗆
NOTE: Information for which confidential treatment is beir must be provided separately and labeled as "confidential."	ng requ	ested

Public reporting burden for the information collection in the FR Y-7 is estimated to average 6 hours per response, including time to gather and maintain data in the required form and to review instructions and complete the information collection. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Secretary, Board of Governors of the Federal Reserve System, 20th and C Streets, NW, Washington, DC 20551, and to the Office of Management 03/2018 and Budget, Paperwork Reduction Project (7100-0297), Washington, DC 20503.

## Checklist

The checklist below is provided to assist the reporting foreign banking organization in filing all the necessary responses to the various report items. Each report item should be checked and the appropriate blanks filled in. The completed checklist should be returned with the report.

Check the Yes, No, or N/A checkbox below, as appropriate, to indicate if the report item is included with the initial filing.

Report Ite	<b>m 1:</b> Financia	I Information Regarding the Foreign B	anking Organization (FBC	))
🗌 Yes	🗌 No	1(a) Response provided in Attachmen	nt(s) #	
🗌 Yes		1(b) Response provided in Attachmen		
Report Ite	<b>m 2:</b> Organiza	ation Information for the FBO		
Yes		2(a) Response provided in Attachmen	nt(s) #	
🗌 Yes	🗌 N/A	2(b) Response provided in Attachmen	nt(s) #	
Report Ite	m 3: Shares a	and Shareholders		
🗌 Yes		3(a) Response provided on Report Pa	age #	or in Attachment(s) #
Yes	🗌 No	3(b) Response provided on Report Pa	age #	or in Attachment(s) #
🗌 Yes	🗌 No	3(c) Response provided on Report Pa	age #	or in Attachment(s) #
Report Ite	m 4: Eligibility	y as a Qualified Foreign Banking Orga	anization (QFBO)	
Yes	🗌 No	Items 4(e) and 4(f) have been comple on Report Page #		
Yes	□ N/A	Items 4(j) and 4(k) have been comple on Report Page #		
☐ Yes	🗌 N/A	Items 4(I) and 4(m) have been comple on Report Page #	•	
Report Ite	m 5: Regulat	tion YY Compliance for the FBO		
☐ Yes	🗌 No	Items 5(a) through 5(e) have been o	completed and provided	

on Report Page # \_\_\_\_\_

### For Use by Tiered Foreign Banking Organizations

Tiered foreign banking organizations must list the legal name, mailing address, and physical location of subsidiary foreign banking organizations below. Refer to Who Must Report in the general instructions for filing by tiered foreign banking organizations.

A. For the fiscal year ending on				
	Month / Day / Year			
Legal name of subsidiary foreign ba	Legal name of subsidiary foreign banking organization:			
Mailing address of head office:	Street			
	City	Country		
Physical location of principal office:				
(not mailing address)	Street			
	City	Country		
Name and address of authorized off				
	Name			
	Street			
	Uncer			
	City	State	ZIP Code	
	Area Code / Phone Number	Area Code / FAX Number		
	E-mail Address			

Name

Title

an authorized official of the company named above, certify that this Annual Report of Foreign Banking Organizations has been prepared in conformance with the report instructions.

Signature of Authorized Official

Date

#### For Use by Tiered Foreign Banking Organizations—Continued

If the Foreign Banking Organization has more than two tiers, use additional pages as needed.

B. For the fiscal year ending on			
	Month / Day / Year		
Legal name of subsidiary foreign b	anking organization:		
Mailing address of head office:			
J	Street		
	City	Country	
Physical location of principal office	:		
(not mailing address)	Street		
	City	Country	
Name and address of authorized o			
	Name		
	Street		
	City	State	ZIP Code
	Area Code / Phone Number	Area Code / FAX Number	
	E-mail Address		
I,			

Name

Title

an authorized official of the company named above, certify that this *Annual Report of Foreign Banking Organizations* has been prepared in conformance with the report instructions.

Signature of Authorized Official