



Annual Report of Foreign Banking Organizations—FR Y-7

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

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

Month / Day / Year

Legal Name of Foreign Banking Organization (Top-tier if multi-tiered organization)

Mailing Address of the Foreign Banking Organization (Street / P.O. Box)

City / Country

Street Address of Principal Office (If different from mailing address)

City / Country

Name, title, address and phone number of person in the U.S. to whom questions about this report should be directed:

Name / Title

Street

City / State / Zip Code

Area Code / Phone Number

Area Code / Fax Number

I, _____
Name and Title of Authorized Official

an authorized official of the company named above, hereby declare that this report has been examined by me and is true and complete to the best of my knowledge and belief.

Signature of Authorized Official

Date of Signature

Does the foreign banking organization request confidential treatment for any portion of the report? Yes ___ No ___

If the response is yes, a letter justifying the request must be provided in accordance with the instructions on page 2 of this report.

Does this Annual Report represent the official filing of other members of a tiered foreign banking organization?

Yes ___ No ___

If the response is yes, complete page COV-2 listing the names of the other members of the tiered foreign banking organization.

See Glossary (Appendix A) for definitions of terms used herein.

This report form is authorized by law: Section 5(c) of the BHC Act (12 U.S.C. 1844(c)); Section 7 and 13(a) of the international Banking Act of 1978 (12 U.S.C. 3106 and 3108 (a)); Section 25 of the FRA (12 U.S.C. 601-604a); Section 25A of the FRA (12 U.S.C. 611-631); and, Regulation Y (12 CFR part 225). Return to the appropriate Federal Reserve Bank the original and **two** copies of the completed report.

Public reporting burden for the information collection in the FR Y-7 is estimated to average 11.1 hours per response, including time to gather and maintain data in the required form and to review instructions and complete the information collection. The Federal Reserve may not conduct or sponsor, and an organization (or a person) is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Comments regarding this burden estimate or any other aspect of this information collection, including suggestions for reducing the burden, may be sent to Secretary, Board of Governors of the Federal Reserve System, Washington, DC 20551, and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.

For Use by Tiered Foreign Banking Organizations

Tiered foreign banking organizations must list the legal names, mailing addresses, and physical location(s) of subsidiary foreign banking organizations below. Refer to instructions for filing by Tiered Foreign Banking Organizations on Page 1.

A. For the fiscal year ending on _____, _____, _____
Month Day Year

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 official in the United States: _____

Street

City State ZIP Code

Area Code / Phone Number Area Code / Fax Number

I, _____
Name Title

an authorized official of the company named above, hereby declare that this report has been examined by me and is true and complete to the best of my knowledge and belief.

Signature of Authorized Official Date

For Use by Tiered Foreign Banking Organizations—continued

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

B. For the fiscal year ending on _____, _____
Month Day Year

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 official in the United States: _____

Street

City State ZIP Code

Area Code / Phone Number Area Code / Fax Number

I, _____
Name Title

an authorized official of the company named above, hereby declare that this report has been examined by me and is true and complete to the best of my knowledge and belief.

Signature of Authorized Official Date