NOTIFICATION OF FOREIGN BRANCH STATUS

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the 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, N.W., Washington, D.C. 20551; and to the Office of Management and Budget, Paperwork Reduction Project (7100–0069), Washington, D.C. 20503.

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.

PLEASE REFER TO INSTRUCTIONS ON REVERSE SIDE

Name of reporting institution (investor) ____________________________________________

City, State/Province, Country ______________________________________________________

Subsidiary (if applicable) _________________________________________________________

City, State/Province, Country ______________________________________________________

Date of Board consent or prior notification (if applicable) _____________________________

Branch opening date ____________  Branch closing date ____________  Branch relocation date ____________

PRIOR ADDRESS AND STATUS

Branch name _________________________________________________________________

Street address ________________________________________________________________

Post office box ____________  City, State/Province, Country __________________________

Status (check appropriate box): (1) “Shell” branch □  (2) Full service □

NEW ADDRESS AND STATUS

Branch name _________________________________________________________________

Street address ________________________________________________________________

Post office box ____________  City, State/Province, Country __________________________

Status (check appropriate box): (1) “Shell” branch □  (2) Full service □

Name and phone number of person in the United States to contact for branch information:

Name and title ____________________  Date ____________  E-mail address __________________________

Telephone number (including area code) ____________________  RSSD-ID number __________________________