Notice of Change in Activities or Operations

Type of Notice (*Check the appropriate box*)

	s is to notify the OCC of a nch or agency:	the following	change affecting the identified federal	
	Corporate Title Mailing Address of: Home State Designation Conversion to State-lice	า	k Federal branch or agency on	
Cor	mplete the information as	applicable to	o the particular change checked.	
For	eign Bank Identifying	Information		
For	Changes in Corporate	Title		
For	Foreign Bank Previous Name(exact corporate title of bank)			
			porate title of bank following title change)	
	ective Date			
For	Changes in the Mailin	g Address o	f the Foreign Bank	
Pre	vious Address (Headquar	ters office of	foreign bank)	
City	/ Sta	te	Country	
Nev	w Address (Headquarters	office of fore	ign bank)	
City	/ Sta	te	Country	
Effe	ctive Date			
Fed	leral Branch or Agency	· Identifying	Information	
Lice	ense No.			
Nai			title of United States office)	
	(CAC	ice corporate	and of officer states office,	

For Changes in the Mailing Address of the Federal Branch or Agency Current Mailing Address City_____ State ____ ZIP Code New Mailing Address City_____ State ____ ZIP Code Effective Date _____ For Changes in Home State Designation Current Home State _____ New Home State Effective Date A copy of the notice or application to the Federal Reserve Board (FRB) or determination of the FRB for a change in home state designation should be attached. For Conversion to a State License Reasons for converting: Planned Effective Date A certified copy of the resolution adopted by senior management of the foreign bank and a copy of the state application should be attached. Upon approval to convert, we certify that the license certificate, trust permit (if applicable), and reports of examination and any related correspondence will be returned to the OCC (or in the case of the reports of examination and related correspondence, these have been destroyed). We understand that the CED will not be released until all OCC official documents are returned or destroyed. Executed this _____, ___, .

Title

Typed Name

Signature of Authorized Officer