## **Notice of Change in Activities or Operations**

**Type of Notice** (*Check the appropriate box*)

	s is to notify the OCC of nch or agency:	f the following	change affecting the identified federal	
	Home State Designation	on	k Federal branch or agency on	
Cor	mplete the information a	as applicable to	o the particular change checked.	
For	eign Bank Identifying	Information		
For	Changes in Corporat	e Title		
For	Foreign Bank Previous Name(exact corporate title of bank)			
			porate title of bank following title change)	
	ective Date			
For	Changes in the Maili	ng Address o	f the Foreign Bank	
Pre	vious Address (Headqua	arters office of	foreign bank)	
City	<u></u>	ate	Country	
Nev	w Address (Headquarter	s office of fore	eign bank)	
City	y St	ate	Country	
Effe	ective Date			
Fed	leral Branch or Agenc	y Identifying	Information	
Lice	ense No.			
Nai			title of United States office)	
	(ex	aci corporate	title 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