

# Abbreviated Foreign Branch Report of Condition—FFIEC 030S

At close of business on December 31, 20 \_\_\_\_

This report is required by law (12 U.S.C. 602 (FRB); 12 U.S.C. 602 (OCC); and 12 U.S.C. 1828 (FDIC)).

The Federal Financial Institutions Examination Council regards the information provided by each respondent as confidential. If it should subsequently be determined that any information collected on this form must be released, respondents will be notified.

A Federal agency may not conduct or sponsor, and an organization is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

## REPORTING BURDEN

Public reporting burden for this collection of information is estimated to average 0.5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate, including suggestions for reducing this burden, to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503, and to one of the following:

- Secretary  
Board of Governors of the Federal Reserve System  
20th and C Streets, N.W.  
Washington, D.C. 20551
- Legislative and Regulatory Activities  
Office of the Comptroller of the Currency  
250 E Street, S.W.  
Washington, D.C. 20219
- Assistant Executive Secretary  
Federal Deposit Insurance Corporation  
550 17th Street, N.W.  
Washington, D.C. 20429

## NAME OF BANK

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

## FOREIGN BRANCH

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City/Town

\_\_\_\_\_  
Country

## CONSOLIDATION OPTION

Banks may, at their option, consolidate the figures for all other branches located in the same country on the report form, using the name and address of the principal branch. When the bank elects to consolidate, statement A or B below should be completed, as appropriate.

A. No figures are shown for this branch because of consolidation with those reported for the \_\_\_\_\_ branch.

B. Figures reported in this report are a consolidation of all \_\_\_\_\_  
Number \_\_\_\_\_  
branches in \_\_\_\_\_  
Country \_\_\_\_\_  
Please list the consolidated branches on the lines below:

_____ Street Address	_____ City
_____ Street Address	_____ City
_____ Street Address	_____ City
_____ Street Address	_____ City
_____ Street Address	_____ City
_____ Street Address	_____ City
_____ Street Address	_____ City

(If more space is needed, please list addresses for the other branches on a separate page.)

**All banks (State Member Banks, National Banks, and State Nonmember Banks) should submit completed and signed original hard copy report forms to the appropriate Federal Reserve District Bank.**

Charter	Country	City	Branch
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\_\_\_\_\_  
Name of Bank and Branch

Amounts in U.S. Dollars

	FORB	Bil	Mil	Thou	
<b>FINANCIAL DATA</b>					
1. <b>Gross due from related institutions</b> .....	3002				1.
2. <b>Total assets</b> .....	2170				2.
3. <b>Gross due to related institutions</b> .....	3001				3.
4. <b>Total gross notional amount of derivative contracts</b> .....	F156				4.
5. <b>Commercial and similar letters of credit, standby letters of credit, and foreign office guarantees</b> .....	F157				5.

I, \_\_\_\_\_, of the above-named bank do hereby declare that this report  
Name and Title of Officer Authorized to Sign Report  
of condition is true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Signature of Officer Authorized to Sign Report