



BRANCH OFFICE APPLICATION

**Notate Type(s) of
Branch Application**

Establish

Relocate

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APPLICANT INFORMATION:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____

Address: _____

City: _____ State: _____ Zip: _____

LOCATION:

Official Name of Branch Office: _____

Proposed Trade Name (if applicable): _____

Proposed Address: _____

City: _____ County: _____ State: _____ Zip: _____

Address of Branch Office to be Discontinued (if applicable): _____

City: _____ County: _____ State: _____ Zip: _____

Proposed Effective Date: _____

APPLICATION DETAILS (Provide in Letter Form and Attach to Application):

1. Briefly describe the services to be provided from the location.
2. Provide details regarding any involvement in the proposal by any officer, director or ten (10) percent shareholder, or any interest in the transaction by such persons, including any financial arrangements relating to fees, the acquisition of property, leasing of property, and construction contracts. If applicable, two independent appraisals of the property (or fair market value estimates of leased property) must be submitted.
3. Briefly discuss the impact that the proposed branch expansion will have upon the overall earnings and capital position of the financial institution during the next three (3) years, particularly noting impacts on key capital ratios.
4. Detail the specific proposed branch cost plus existing total fixed assets and compare to the level of

statutory capital base (SCB). If total fixed assets exceed 60% of SCB, the financial institution must submit a plan for restoring the fixed assets investment to 60% of SCB within not more than five years.

5. For banks: If the last CRA rating was not at least satisfactory, provide a detailed explanation of how the subject of this application will promote efforts to meet CRA goals and correct any current deficiencies.
6. For out-of-state credit unions: Does your home state provide reciprocity for Georgia state-chartered credit unions to branch into your home state?
7. If enacted, will the subject of this application result in the demolition or significant alteration of any structure which may have historic or cultural significance? If applicable, provide plans for compliance with historical preservation requirements.
8. Does the proposed branch comply with local zoning ordinances?
9. Discuss other pertinent aspects of the application not previously mentioned above including any other information that you feel will help the Department assess your request to establish a new branch office.

Officer's Signature: _____ Date: _____
Print Name: _____
Title: _____

INSTRUCTIONS FOR APPLICATION/NOTICE

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| A. Name and Address: | Financial Institution's full name and headquarters office address. |
| B. Contact person: | Provide the name and address of the individual assigned to handle any inquiries or requests concerning this application. |
| C. Official Name/Trade Name: | Provide the official name and the trade name, as applicable for the proposed office. |
| D. Proposed Location: | Provide the complete street address of the location where the financial institution wishes to establish or relocate a new physical facility. |
| E. Address of Office to be Discontinued: | If the application involves the discontinuance or relocation of an existing facility, provide the address of the location where the business will be discontinued. |
| F. Proposed Effective Date: | Indicate the date the financial institution wishes the change to be effective. A subsequent notice of when the change took place will be required. |

Note: A branch application may need to be filed with the appropriate Federal regulator as well as the Department. The Federal application will be accepted by the Department in lieu of this Branch Office Application so long as the information requested herein is provided.