

# DEPARTMENT OF BANKING AND FINANCE



## RENEWAL OF FOREIGN BANK REPRESENTATIVE OFFICE REGISTRATION (DUE BY JANUARY 31)

Please read the following and complete as appropriate. Sign, date, and return this form along with electronic payment of \$1,000 to renew registration.

**REGISTRANT (Foreign Bank):** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CONTACT AND TITLE:** \_\_\_\_\_

**TELEPHONE NUMBER:** \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_

(All Georgia representative office locations should be listed. Attach additional pages as necessary.)

**NAME:** \_\_\_\_\_

**MANAGING OFFICER AND TITLE:** \_\_\_\_\_

**TELEPHONE NUMBER:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**CHANGE IN BUSINESS ACTIVITY:** \_\_\_\_\_

THE FOREGOING INFORMATION IS PROVIDED IN COMPLIANCE WITH THE REQUIREMENTS OF O.C.G.A. § 7-1-1131 AND IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

\_\_\_\_\_  
FOREIGN BANK SENIOR MANAGEMENT SIGNATURE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINTED/TYPED SENIOR MANAGEMENT NAME

\_\_\_\_\_  
PRINTED/TYPED TITLE

**(\$1,000 FEE PAID ELECTRONICALLY (payment instructions provided separately).**

**If you have difficulty completing the renewal registration, please call (770) 986-1627 or send an email to [DBFCorp@dbf.state.ga.us](mailto:DBFCorp@dbf.state.ga.us).**