

STATE OF GEORGIA - DEPARTMENT OF BANKING AND FINANCE
REQUEST FOR PERMIT TO BEGIN BUSINESS FOR A NEW BANK CHARTER

Bank Name and Address: _____ Mailing Address: _____

Telephone #: _____ Fax #: _____ Internet Address: _____

CEO's e-mail address**: _____ Date Desired for Commencing Business: _____

Please complete the following questions:

1. Estimated – Square Footage of Premises _____
 Cost of Land _____
 Cost of Building _____
 Cost of Furniture, Fixtures and Equipment _____
 Number of Employees in this Office on opening date - _____ Officers: _____
 Non-Officers: _____

2. Will the bank's investment in fixed assets (land, building, furniture, fixtures, equipment and stock in any real estate holding company subsidiary) be within the legal limitation after all bills in connection with this office have been paid? () Yes () No
 If answer is no, attach a detailed explanation of excess costs and plans for restoring this investment to the legal maximum.

3. Have all conditions imposed by the Department of Banking and Finance and the Federal Deposit Insurance Corporation (or Federal Reserve Bank) in the original approval or amendments thereto been met? () Yes () No If answer is no, attach a detailed explanation of failure to comply with imposed conditions and proposals for achieving compliance.

4. Have forms 19-2, 19-3 and 19-4 been filed with this Department? () Yes () No
 If no, forms must be submitted before the pre-opening examination can commence.

5. Have entire proceeds from the sale of the bank's stock been paid **IN CASH**? () Yes () No
 Number of Shares of Bank Stock _____ Amount Paid In \$ _____
 Subchapter S-Corp? () Yes () No
 Name of bank's holding company (if applicable): _____
 Depository for Funds: _____
 Location: _____

6. Have required assurances with respect to off-premises data processing services been filed with the Department?
 () Yes () No

7. Has the supervisory and examination fee, covering the pre-opening organization supervision and initial operating supervision, in the amount of \$5,000 been paid? () Yes () No

SEAL OF BANK

 President

 Date

**** An e-mail address is needed so that the Department can deliver important Monthly Bulletins and other information and/or publications that are produced in electronic version only.**