

FLORIDA OFFICE OF FINANCIAL REGULATION  
Division of Financial Institutions  
200 East Gaines Street  
Tallahassee, Florida 32399-0371  
www.flofr.gov

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**ABBREVIATED APPLICATION**

**For the Establishment of an  
International Administrative Office or International Representative Office  
in the State of Florida**

**Form OFR-U-20A ABR**

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**General Instructions**

If eligible pursuant to s. 663.05(4), F.S., an international banking corporation may apply for a license to establish an additional international administrative office or international representative office in the State of Florida by completing this letter application form, and providing all necessary information and supporting exhibits. If additional space is needed to complete any information required by this form, attach additional pages and identify the question to which the additional pages pertain.

A nonrefundable application fee in the amount of \$5,000.00, payable to the Florida Office of Financial Regulation (“Office”), must accompany this application. Please note that the application fee is nonrefundable, including in the case of denial or withdrawal of the application.

The nonrefundable application fee of \$5,000.00 payable to the Office is attached for deposit into the Financial Institutions’ Regulatory Trust Fund.

Org: 4384300000 Flair Object Code: 001072 EO: v1 Revenue Source Code: 229
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3. Physical location of the current office(s) is:

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_, Florida \_\_\_\_\_  
(City) (County) (Zip Code)

Mailing Address is:

\_\_\_\_\_ or \_\_\_\_\_  
(Street Address) (Post Office Address)

\_\_\_\_\_, Florida \_\_\_\_\_  
(City) (County) (Zip Code)

4. The name and title of the person who shall be in charge of the business and affairs of the proposed office is:

Name

Title

\_\_\_\_\_

*(The person named above must complete the biographical information section (attachment 4(a)) and the authorization for release of confidential information (attachment 4(b)).*

5. Authentic copies of the international banking corporation's articles of incorporation and by-laws, or the equivalent thereof, should be attached to this application if restated, amended, or otherwise changed since the most recent application to the Office.

6. The total amount of the capital accounts of the applicant international banking corporation in U.S. dollars is \$\_\_\_\_\_, and this amount is reflected in the Applicant's complete and detailed statements of financial condition as of the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, which accompany and are

made a part of this application. (Financial statements should be for the most recent fiscal quarter ending or at a minimum within 180 days of the date of the application.)

Dated \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
(Applicant International Banking Corporation)

By: \_\_\_\_\_

Title: \_\_\_\_\_

**ACKNOWLEDGEMENT**

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally came \_\_\_\_\_, who is  to me personally known, or who  produced \_\_\_\_\_ as identification, and who acknowledged before me that he/she is the \_\_\_\_\_ of \_\_\_\_\_, the international banking corporation described herein and which executed the foregoing application certificate, and that he/she signed his/her name hereto by like order.

(L.S)

\_\_\_\_\_  
(Signature of Notary Public or other official taking acknowledgement)

\_\_\_\_\_  
(Title of official taking acknowledgement)

Note: This acknowledgment may be taken within the State of Florida or within any other state of the United States by a notary public. In countries other than the United States, this acknowledgment may be taken by certificate of apostille pursuant to the Convention Abolishing the Requirement of Legalization for Foreign Public Documents (The Hague, October 5, 1961) or by an ambassador, a minister plenipotentiary, a minister extraordinary, a minister resident, a charge d'affairs, a consul-general, a vice consul-general, a deputy consul-general, a consul, a vice-consul, a deputy-consul, a consular agent, a vice consular agent, a commercial agent or a vice-commercial agent of the United States within their jurisdiction. The seal of their office or the seal of the office to which they are attached should be affixed.

**CERTIFICATE OF CAPITAL**

In accordance with the provisions of Section 663.055, Florida Statutes,

\_\_\_\_\_, a banking corporation duly incorporated under the laws of \_\_\_\_\_, does hereby certify to the Office of Financial Regulation, that, as of the close of business \_\_\_\_\_, 20\_\_\_\_\_, the amount of its capital accounts (*must be as of the latest fiscal quarter ending or at a minimum of 180 days of the date of the application*), including paid-in capital, surplus, and undivided profits, expressed in the currency of the country of its incorporation, and the U.S. dollar equivalents thereof, were:

	<u>Amount</u>	<u>US Dollar Equivalents</u>
Paid-in Capital Stock	_____	_____
Surplus	_____	_____
Undivided Profits	_____	_____
Other (Specify)	_____	_____
Totals	_____	_____

Rate of Exchange as of the date above: \_\_\_\_\_.

Dated: \_\_\_\_\_, 20 \_\_\_\_\_

By: \_\_\_\_\_  
(Signature)

Name: \_\_\_\_\_  
(Print name)

Title: \_\_\_\_\_

**Required Information and Attachments  
Form OFR-U-20A ABR**

1. Provide the name, address, email address, and telephone number of the contact person or correspondent for this application.
2. Identify the proposed manager to be employed in the proposed office and provide a brief description of his/her experience. Provide, as Attachments 4(a) Biographical Information and 4(b) Authorization for Release of Confidential Information for the proposed manager.
3. Describe any changes to the existing operations of the applicant and its ultimate parent, if any, in the United States, including bank and non-bank subsidiaries, branches and agencies, commercial lending companies, and representative offices, since the date of the applicant's last application to the OFR.
4. Discuss the purpose for establishing the additional proposed office and the types of services to be offered.
5. Describe any anticipated changes to the manner in which, and the extent to which, the applicant proposes to direct and supervise the activities of the proposed international administrative office or international representative office. Describe the policies, procedures, and internal audit measures that will be put in place to ensure compliance with applicable state and federal laws and regulations.
6. To the extent the OFR does not already have the following, provide the following information for the applicant:
  - (a) Parent only and consolidated balance sheets, showing separately each principal group of assets, liabilities, and capital accounts as of the end of the most recent fiscal quarter and for the comparable quarter of the preceding year. Include information on contingent liabilities, (i.e. standby and commercial letters of credit, guaranties, commitments to grant or purchase loans and securities, contracts to purchase/sell foreign exchange).
  - (b) Parent only and consolidated income statements showing separately each principal source of revenue and expenses through the end of the most recent fiscal quarter and for the past three fiscal years. For statements reflecting the most recent quarterly information, also provide statements for the comparable period of the preceding year.
  - (c) On a consolidated basis, a breakdown of risk-based assets as of the end of the most recent fiscal quarter, showing each principal group of on and off-balance sheet assets and the relevant risk weights. Identify the components of tier 1 and tier 2 capital under the final Basel Accord risk-based capital guidelines and provide calculations of applicant's tier 1 and total capital to risk-based assets.
  - (d) Current information that will enable OFR to make a judgement as to the quality of applicant's assets, including, but not limited to: delinquencies; non-accrual loans; assets acquired in satisfaction of debts previously contracted; and troubled debt restructured loans.
7. Give estimated financial projections for the first three years of operations, including start-up costs. Provide any assumptions used in formulating these projections.
8. Fully describe all material changes, if any, to the information contained in the first application to establish an international administrative office or international representative office (Form OFR-U-20A) submitted by the international banking corporation to the Office.

**Attachment 4(a)**  
**BIOGRAPHICAL INFORMATION**

This section of Form OFR-U-20A ABR must be completed by the proposed manager of the international administrative office or international representative office. The proposed manager must also complete attachment 4(b), the authorization for release of confidential information.

If additional space is needed to complete the information required, attach additional pages and identify the question to which the additional pages pertain.

**Preparation**

All questions must be answered with complete and accurate information that is subject to verification. If the answer is “none,” “not applicable,” or “unknown,” so state. Answers of “unknown” or “yes” should be explained.

The questions are not intended to limit the presentation nor are the questions intended to duplicate information supplied on another form or in an exhibit. A cross-reference to the information is acceptable. Any cross-reference must be made to a specific cite or location in the documents, so the information can be located easily. Use additional sheets as necessary. If the report is not complete, the Office may either request additional information or return the filing. If you are a foreign national or a United States citizen who currently resides in a foreign country, additional information may be necessary. Each individual must report promptly any material change(s) to the information provided in the Biographical Report that occurs during the review period for the filing.

**Notice Regarding Collection and Use of Social Security Numbers**

In accordance with Section 119.071(5)(a)2.a., and Section 119.071(5)(a)2.b., Florida Statutes, the Office provides the following notice to applicants regarding the its collection and use of social security numbers.

The Office’s collection of social security numbers is not expressly authorized by or mandatory under federal or state law, but it is imperative for the performance of the Office’s duties and responsibilities as prescribed by Section 663.05, Florida Statutes, to ensure the safe and sound management and operations of an international administrative office or international representative office in this state.

Social security numbers that are collected by the Office may not be used by or for any purpose other than the purpose provided in this notice.

Social security numbers held by the Office are confidential and exempt from Section 119.07(1), Florida Statutes, and Section 24(a), Art. I of the State Constitution. This exemption does not supersede any federal law prohibiting the release of social security numbers or any other applicable public records exemption for social security numbers existing prior to May 13, 2002, or created thereafter.

Social security numbers held by the Office may be disclosed if any of the following apply:

- a. The disclosure of the social security number is expressly required by federal or state law or a court order.
- b. The disclosure of the social security number is necessary for the receiving agency or governmental entity to perform its duties and responsibilities.
- c. The individual expressly consents in writing to the disclosure of his or her social security number.
- d. The disclosure of the social security number is made to comply with the USA Patriot Act of 2001, Pub. L. No. 107-56, or Presidential Executive Order 13224.
- e. The disclosure of the social security number is made to a commercial entity for the permissible uses set forth in the federal Driver’s Privacy Protection Act of 1994, 18 U.S.C. ss. 2721 et seq.; the Fair Credit Reporting Act, 15 U.S.C. ss. 1681 et seq.; or the Financial Services Modernization Act of 1999, 15 U.S.C. ss. 6801 et seq., provided that the authorized commercial entity complies with the requirements of this paragraph.
- f. The disclosure of the social security number is for the purpose of the administration of health benefits for an agency employee or his or her dependents.

- g. The disclosure of the social security number is for the purpose of the administration of a pension fund administered for the agency employee's retirement fund, deferred compensation plan, or defined contribution plan.
- h. The disclosure of the social security number is for the purpose of the administration of the Uniform Commercial Code by the office of the Secretary of State.

**1. Personal Information**

(a) Name:

\_\_\_\_\_

Last First Middle (full)

(b) Residence: \_\_\_\_\_  
(Street Address)

\_\_\_\_\_

(City) (State) (Postal Code) (Country)

(c) If at residence less than five years, list addresses and dates occupied for the past five years.

From mm/yyyy	To mm/yyyy	Number and Street	State	ZIP Code	Country

(d) Date of Birth: Month \_\_\_\_\_ Date \_\_\_\_\_ Year \_\_\_\_\_

(e) Place of Birth: \_\_\_\_\_  
(City) (State) (Country)

(f) United States Social Security Number:\* \_\_\_\_\_  
*\*Please see the notice to applicants regarding the Office's collection and use of social security numbers.*

(g) Citizenship: \_\_\_\_\_  
(Country) (Date, if Naturalized)

(h) If you are not a United States citizen, provide:

Passport Number: \_\_\_\_\_

Home Country Identification Number: \_\_\_\_\_

(i) Telephone and fax numbers where you may be reached during business hours and an e-mail address:

\_\_\_\_\_  
(Area Code, Telephone Number, including Country Code if outside U.S.)

\_\_\_\_\_  
(Fax Number) (E-mail Address)

(j) List other names you have used and the period of time you used them (for example, your maiden name, name by a former marriage, former name, alias, or nickname). Attach additional sheets as necessary.

Name	From mm/yyyy	To mm/yyyy

## 2. Employment History

(a) List employment in reverse chronological order for the last five years. The list should include the beginning and ending dates of employment, the employer's name and location (city, state), nature of the business, title or position, nature of duties, and reason for leaving.

(b) Have you ever been dismissed or asked to resign from any past employment, including a less than honorable discharge from military service?

Yes  No

If “yes,” provide the employer’s name, address, and telephone number; title or position; date of discharge; and explanation.

**3. Education and Professional Credentials**

(a) List each diploma, certificate, or degree from high schools, colleges, universities, postgraduate, or other schools.

School Name and Address	From mm/yyyy	To mm/yyyy	Degree/Certificate

(b) List each professional license or similar certificate you now hold or have held (for example, attorney, physician, CPA, NASD or SEC registration).

License Type/Number	Issuing Authority	Status (active, expired, revoked)	Issued mm/yyyy	Expiration mm/yyyy

**4. Business Affiliations**

List any company with which you are or were associated. Provide the company name, location, nature or type of business, position held or relationship to the company, any ownership percentage, and beginning date of the relationship.

**5. Legal and Related Matters**

(a) Have you been involved in any of the following filings where the filing was denied, disapproved, withdrawn, or otherwise returned without favorable action by a federal or state regulatory authority or a self-regulatory organization:

(1) A charter or license application, a financial institution holding company application, or a federal deposit insurance application, in which you were listed as an organizer, director, senior executive officer, or a person that would own or control (either individually or as a member of a group) 10 percent or more of any class of voting securities or other voting equity interest of the institution, or similar position?

Yes  No

(2) A merger application in which you were listed as a director, senior executive officer, or similar position?

Yes  No

(3) A notice of change in director or senior executive officer, or similar form, in which you were listed as a director, senior executive officer, or similar position?

Yes  No

(4) A notice of change in control for a depository institution or other company, or a similar form, in which you were listed (either individually or as a member of a group) as an acquirer or transferee?

Yes  No

(5) Any other application, notice, or other regulatory or administrative request which was filed with a federal or state regulatory authority or a self-regulatory organization in which you were listed in some capacity?

Yes  No

(b) Have you or any company, financial institution or financial institution holding company with which you are or were associated been subject to any supervisory agreement, enforcement action, civil money penalty, prohibition or removal order, or other supervisory or administrative action taken or imposed by any federal or state regulatory authority or other governmental entity?

Yes  No

(c) Has any depository institution with which you are or were associated as an executive officer, director, principal shareholder, manager, or managing member:

(1) Been placed into conservatorship or receivership or otherwise failed?

Yes  No

(2) Received financial assistance from a federal agency or instrumentality?

Yes  No

(3) Merged with or been acquired by an institution that received financial assistance from a federal agency or instrumentality in connection with the transaction?

Yes  No

(d) Have you or any company with which you are or were associated as an executive officer, director, principal shareholder, manager, or managing member:

(1) Filed a petition under any chapter of the Bankruptcy Code or had an involuntary bankruptcy petition filed against you or the company?

Yes  No

(2) Defaulted on a loan or financial obligation of any sort, whether as obligor, cosignor, or guarantor?

Yes  No

(3) Forfeited property in full or partial satisfaction of any financial obligation?

Yes  No

(4) Had a lien placed against property for failure to pay taxes or other debt?

Yes  No

(5) Had wages or income garnished for any reason?

Yes  No

(6) Failed or refused to pay any outstanding judgments?

Yes  No

(e) Have you or any company with which you are or were associated as an executive officer, director, principal shareholder, manager, or managing member been involved in any lawsuit, formal or informal investigation, examination, or administrative proceeding that may result in, or resulted in, any penalty (including, but not limited to, any sanction, fine, order to pay damages, loss of right or benefit, forfeiture of property interest, or revocation of license), agreement, undertaking, consent, judgment, or order imposed by or entered into with any of the following entities:

(1) Any federal or state court?

Yes  No

(2) Any department, agency, or commission of the United States government?

Yes  No

(3) Any state, municipal, or foreign governmental entity?

Yes  No

(4) Any self-regulatory organization (for example, NASD, FASB, state bar)?

Yes  No

(f) Have you or any company with which you are or were associated as an executive officer, director, principal shareholder, manager, or managing member been arrested for, charged with, indicted for, or convicted of (including a conviction where the record was expunged), ever pleaded *nolo contendere*, any criminal matter other than minor traffic violations?

Yes  No

(g) If you answer “yes” to any question in 5(a) through 5(f), provide your explanation by identifying the number of the question, describing the situation in detail, and, where relevant, including the following information. Attach additional sheets as necessary.

- Name and location of any company, party, court, regulatory agency, or self-regulatory organization involved.
- Nature of your association with any company (for example, officer, director, organizer, principal shareholder, or owner).
- Type of any application, notice, or other regulatory or administrative request.
- Nature of any supervisory, enforcement, or administrative action.
- Direct and indirect debt terms, defaulted amount, and creditor regarding any financial obligation.
- Date of any relevant event.
- Nature of any lawsuit, charge, or proceeding.
- Jurisdiction in which any legal proceeding occurred.
- Resolution or disposition of the matter.

## **6. Additional Information**

Present any other information you believe is important to evaluate your filing.

**CERTIFICATION**

I hereby affirm that the foregoing biographical information and all information submitted herewith is true, complete, and correct to the best of my knowledge and belief.

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

COUNTRY \_\_\_\_\_

On this \_\_\_\_\_, day of \_\_\_\_\_, 20\_\_\_\_, before me, the undersigned notary, personally appeared \_\_\_\_\_ (name), who \_\_\_ is personally known to me or \_\_\_ proved to me through the following identification: \_\_\_\_\_ to be the person who signed the preceding document in my presence and who affirmed to me that the statement and contents of the document are truthful and accurate to the best of \_\_\_ his or \_\_\_\_\_her knowledge and belief.

\_\_\_\_\_  
Signature of Notary Public or other official taking the acknowledgment

L.S./  
Notary Seal:

Note: This acknowledgment may be taken within the State of Florida or within any other state of the United States by a notary public. In countries other than the United States, this acknowledgment may be taken by certificate of apostille pursuant to the Convention Abolishing the Requirement of Legalization for Foreign Public Documents (The Hague, October 5, 1961) or by an ambassador, a minister plenipotentiary, a minister extraordinary, a minister resident, a charge d’affaires, a consul-general, a vice consul-general, a deputy consul-general, a consul, a vice-consul, a deputy-consul, a consular agent, a vice consular agent, a commercial agent or a vice-commercial agent of the United States within their jurisdiction. The seal of their office or the seal of the office to which they are attached should be affixed.

**Attachment 4(b) Form OFR-U-20A ABR**  
**AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION**

TO WHOM IT MAY CONCERN:

I, \_\_\_\_\_, hereby authorize and request every person, firm, officer, corporation, association, organization or institution having control of any documents, records, background information, personal information, or other information pertaining to me to furnish the original or copies of any such documents, records or other information to the Florida Office of Financial Regulation or any of its authorized representatives for purposes of the application by the international banking corporation for a license to establish an international administrative office or international representative office in Florida.

(Valid for six (6) months from date signed)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

On this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, before me personally came \_\_\_\_\_, who is (mark one)  to me personally known, or who  produced \_\_\_\_\_, as identification, and acknowledged and affirmed the foregoing authorization for release of confidential information to the Office.

(L.S)

\_\_\_\_\_  
(Signature of Notary Public or other official taking acknowledgement)

\_\_\_\_\_  
(Title of official taking acknowledgment)

Note: This acknowledgment may be taken within the State of Florida or within any other state of the United States by a notary public. In countries other than the United States, this acknowledgment may be taken by certificate of apostille pursuant to the Convention Abolishing the Requirement of Legalization for Foreign Public Documents (The Hague, October 5, 1961) or by an ambassador, a minister plenipotentiary, a minister extraordinary, a minister resident, a charge d'affairs, a consul-general, a vice consul-general, a deputy consul-general, a consul, a vice-consul, a deputy-consul, a consular agent, a vice consular agent, a commercial agent or a vice-commercial agent of the United States within their jurisdiction. The seal of their office or the seal of the office to which they are attached should be affixed.