

New Jersey Department of Banking and Insurance  
Branch Office Application for Out-Of-State Banks

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

Main Office Address: \_\_\_\_\_

Charter No/FDIC Cert. No. \_\_\_\_\_

Filing Officer Name \_\_\_\_\_

Filing Officer Title \_\_\_\_\_

Filing Officer's E-mail address \_\_\_\_\_

Filing Officer Phone Number (\_\_\_\_\_) \_\_\_\_\_

Filing Officer's Address \_\_\_\_\_

Application Date: (mm-dd-yyyy)

Projected Operation Date: (mm-dd-yyyy)

Filing Fee: \$1,500.00 (payable to: "Treasurer, State of New Jersey")

Answer questions in the spaces provided or by attaching additional pages as necessary. Questions can also be answered in "letter form." **The applicant may supply additional data deemed relevant.**

- 1. Location of proposed branch:
- 2. Attached a certified copy of the resolution of the board of directors authorizing the application.
- 3. Describe in detail how the approval of the application will benefit the public.
- 4. Add general comments which the applicant wishes the Department to consider. Comments should include a brief discussion of the bank's capital ratio; earnings; nonperforming assets and compliance with the Community Reinvestment Act.
- 5. Attach a copy of the application filed with the out-of-State bank's home state regulator.

Please submit the original application package with a check \$1,500 for application fee to the address below, with a copy emailed to [DOBI.BankingReports@dobi.nj.gov](mailto:DOBI.BankingReports@dobi.nj.gov):

Applications and Corporate Filings  
Division of Banking – Depositories  
New Jersey Department of Banking and Insurance  
20 West State Street – 5<sup>th</sup> Floor  
PO Box 040  
Trenton, NJ 08625  
Attn: Cheyanne Li, Chief Examiner