

Application Certificate of Foreign Banking Corporation for a  
License to Establish and Maintain a Representative Office  
in the State of New York

To: Superintendent of Financial Services of the State of New York  
New York, New York

\_\_\_\_\_ is a banking corporation duly organized and existing under the laws of \_\_\_\_\_ and is authorized by its charter to transact the business of accepting deposits and making loans. Pursuant to a duly adopted resolution of its board of directors, \_\_\_\_\_ hereby makes application for a license to establish, maintain or use an office in the State of New York as a representative office and authorizes \_\_\_\_\_, its \_\_\_\_\_, to subscribe and acknowledge this application.

Date: \_\_\_\_\_ 20 \_\_\_\_

(Applicant) \_\_\_\_\_

By: \_\_\_\_\_ (Title) \_\_\_\_\_

(S E A L)

ACKNOWLEDGEMENT

\_\_\_\_\_)  
\_\_\_\_\_) S.S.  
\_\_\_\_\_)

On this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally came \_\_\_\_\_, to me known, who, being by me duly sworn, deposes and says that he resides at \_\_\_\_\_, \_\_\_\_\_, in the city of \_\_\_\_\_ in the \_\_\_\_\_ of \_\_\_\_\_; that he is the \_\_\_\_\_ of \_\_\_\_\_, the corporation described in and which executed the foregoing application certificate; that he knows the seal of said corporation; that the seal affixed to said application certificate is such corporate seal; that it was so affixed by order of the board of directors of said corporation; and that he signed his name thereto by like order.

\_\_\_\_\_  
\_\_\_\_\_  
Title of Officer

(L.S.)

\*Note -- This acknowledgement may be taken within the State of New York or within any other state of the United States by a notary public. If this document is executed outside the United States, it may be legalized in accordance with the provisions of Supervisory Policy G-7, or by a United States consular official. In the latter case, the seal of the official's office or the seal of the consulate or legation to which the official is attached should be affixed.