Liquidation—Final Report

Federal Branch, Limited Federal Branch, Federal Agency Identifying Information

	OCC License No.		Date Liquidation Started Date Liquidation Completed				
	Address (exact corporate title of ba (office address, street, city, state, ZIP Code, country)						 .
Liquid	lating Agen	t/Correspond	ent Identif	ying Informat	ion		
	Name						
	Address _				4		· .
	City			_ State	ZIP	Code	
	Phone No			Fax No		E-Mail	
	[If applicable] The liquidation occurred because of an acquisition of the as liabilities by (name the acquiring institution).						ssets and
	I/We, the undersigned, being the (<i>liquidating agent/liquidating committee</i>), certify the attached* report of assets and liabilities to be a true statement, to the best of my/our knowledge and belief. Please release the Capital Equivalency Deposit (CED held for the benefit of the OCC to (<i>name of foreign bank</i>).						
	Executed t	his	of	·			
	(Liquidating Agent) (Correspondent for Committee)						•
	(If there is a liquidating committee, every member should sign.)						
	*NOTE: The referenced report of assets and liabilities must be certified be and should reflect zero balances with the exception of the CED account.						