

Whenever a filing is received by the Secretary of State with the words "Bank" or "Trust" or a derivative of either word in the name, we will forward it to the State Bank Commissioner or his designee prior to filing, pursuant to Title 8, Delaware Code, Sections 126 and 395, and Title 5, Delaware Code, Section 721. After review by the Commissioner or his designee, a recommendation will be made to the Secretary of State indicating whether or not the name should be approved.

In order for the Bank Commissioner to determine whether or not to recommend approval, please answer the following questions:

**IF THIS FORM IS NOT COMPLETELY FILLED OUT, IT WILL NOT BE REVIEWED BY THE BANK COMMISSIONER.**

1. The name on the filing is \_\_\_\_\_

2. The type of filing is \_\_\_\_\_

3. Will the corporation be a bank? Yes\_\_\_\_\_ No\_\_\_\_\_

4. If not will it be a bank holding company? Yes\_\_\_\_\_ No\_\_\_\_\_

5. Will the corporation conduct banking business in Delaware? Yes\_\_\_\_\_ No\_\_\_\_\_

6. If not, will it be conducting a banking business out of state? Yes\_\_\_\_\_ No\_\_\_\_\_

7. If yes, what type of banking business and where will the business be conducted.

\_\_\_\_\_  
\_\_\_\_\_

8. Under which federal or state regulatory authority will it operate (OCC, OTS, FRB, SEC, FOREIGN (describe), etc.)?\_\_\_\_\_

\_\_\_\_\_

9. Has application(s) been filed with the above-mentioned agency(ies)? Yes\_\_\_\_\_ No\_\_\_\_\_

(If yes, which agency(ies) and when was each application filed?)\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

10. If not a banking business, what type of business will it be conducting?

\_\_\_\_\_  
\_\_\_\_\_

11. If not a banking business, will it be regulated by any federal or state agency? Yes\_\_\_\_\_ No\_\_\_\_\_

11a. If yes, which agency?\_\_\_\_\_which state?\_\_\_\_\_

12. Is the applicant an affiliate of a regulated entity?\_\_\_\_\_

12a. If yes, identify which entity.\_\_\_\_\_

13. Contact name, address, and telephone number:\_\_\_\_\_

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(signature)\_\_\_\_\_

(title)\_\_\_\_\_

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TO THE OFFICE OF THE STATE BANK COMMISSIONER

Please review and return with your recommendation as soon as possible.

\_\_\_\_\_ APPROVAL RECOMMENDED                      NAME\_\_\_\_\_

\_\_\_\_\_ APPROVAL NOT RECOMMENDED                      DATE\_\_\_\_\_

This is a Priority Filing      Yes\_\_\_\_\_ No\_\_\_\_\_