

Expedited Interchange of Principal and Branch Office Application and Certification Form

Form (INTER) EX

Name of Applicant	
Address of Applicant (Principal office) <i>(Street, City, Zip, County)</i>	
Filing officer <i>(Name, Title, Phone Number)</i>	

All Questions Must Be Answered

Are you Requesting Expedited Processing? <i>(If no, complete form 115 Inter)</i>	
Current Location of Principal Office <i>(Street, City, Zip, County)</i>	
Proposed Branch Office to be Interchanged <i>(Street, City, Zip, County)</i>	
When did applicant commence business? <i>(Must be more than 3 years old)</i>	
Most recent examination rating (CAMELS-Agency <i>State-FDIC-OTS-FRB</i>) Date	
Composite Rating <i>(Must be 1 or 2)</i>	
Management Rating <i>(Must be at least 2)</i>	
Most recent CRA rating (if applicable) /date <i>(Must be satisfactory or better)</i>	
Capital: Leverage Ratio/date <i>(Must be 5.0% or greater)</i>	%
Capital: Tier 1 Risk Based Ratio/date <i>(Must be 6.0% or greater)</i>	%
Capital: Total Risk-Based Ratio/date <i>(Must be 10% or greater)</i>	%
Board Resolution Submitted/Dated	
Describe the availability of the proposed office to its prospective customers. <i>(Attach separate sheet if necessary)</i>	
I hereby certified that the above is true and correct.	
DATE :	<i>(Signature of Filing Officer)</i>