INSTRUCTIONS:

Please provide the following information as you would like it to appear on the Department of Banking and Insurance Internet site:

(Note: If not applicable, please so indicate by writing “n/a.”) Please contact us at DOBI.BankingReports@dobi.nj.gov with any questions regarding this form.

**Bank Name:**

**Name of Chief Executive Officer:**

**Telephone Number:**

**Main Office Address:**

**Administrative Headquarter Address** *(if different from the above):*

**Internet (www) Address:**

**Bank Holding Company Name:**

**Primary Regulator of Bank Holding Company:**

***The following information is for Department of Banking and Insurance internal use only:***

* **Federal Employer ID Number (EIN):**
* **Contacts of Executive Officers for General DOBI Correspondence:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Name | Title | Office Phone (incl. extension) | Mobile Phone | Email |
| Primary |  |  |  |  |  |
| Backup |  |  |  |  |  |

* **Contacts of Liaison for Regulatory Examinations:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Name | Title | Office Phone (incl. extension) | Mobile Phone | Email |
| Primary |  |  |  |  |  |
| Backup |  |  |  |  |  |

Signature of Reporting Official Title of Reporting Official