

New Jersey Department of Banking and Insurance

Branch Office Relocation Application

For Out-of-State Banks

Depository Institution:

Filing Officer:

Filing Officer's E-mail address

Filing Officer's Title:

Mailing Address:

Telephone Number: (_____) _____

Application Date: (mm-dd-yyyy) |_____|-|_____|-|_____|

Projected Operational Date: (mm-dd-yyyy) |_____|-|_____|-|_____|

Answer questions in the spaces provided or by attaching additional pages as necessary. Questions can also be answered in "letter form." **The applicant may supply additional data deemed relevant.**

1a. Please indicate the street address and the municipality of the site **from which** the branch office is proposed to be relocated:

1b. Please indicate where the branch office is **proposed to be** relocated (street address, municipality, county, state):

2. Please describe the reasons for the applicant's decision to relocate the branch office. Is the service area of the proposed new branch substantially different from that of the current branch? If substantially different, please discuss if the interests of the public will be served to advantage by such change in location,

and that conditions in the locality to which removal is proposed afford reasonable promise of successful operation (N.J.S.A. 17:9A-22 et seq).

3. Attached a certified copy of the resolution of the Board of Directors (the "Board") authorizing the branch relocation, or the approval by an Officer authorized by a Board approved policy for branch closings or relocations.

4. Add general comments which the applicant wishes the Department to consider. Comments should include a **brief** discussion of the bank's capital ratio; earnings; nonperforming assets and compliance with the Community Reinvestment Act.

5. Attach a copy of the application filed with the out-of-State bank's home state regulator.

Please submit the original application package with a check \$100 for application fee to the address below, with a copy emailed to DOBI.DepositoryApplications@dobi.nj.gov:

Applications and Corporate Filings
Division of Banking – Depositories
New Jersey Department of Banking and Insurance
20 West State Street – 5th Floor
PO Box 040
Trenton, NJ 08625