# FOREIGN BANK REPRESENTATIVE OFFICE

# LICENSE SURRENDER FORM

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| The undersigned, |  | | | | | | | | | being the duly authorized and acting | | | |
|  | Name | | | | | | | | |  | | | |
|  | | | | | of |  | | | | | | ("Corporation"), having | |
| Title | | | | |  | Institution Name | | | | | |  | |
| its principal place of business at | | |  | | | | | | | | | | , County of |
|  | | | Street Address & City | | | | | | | | | |  |
|  | | | | , State of | | |  | | , pursuant to the Foreign Bank Representative Act, | | | | |
| County | |  | | | | | State | |  | | | | |
| 205 ILCS 650/, hereby certifies to the following: | | | | | | | | | | | | | |
| |  |  |  | | --- | --- | --- | | 1. The Corporation received a Certificate of Authority dated |  | authorizing it to act as | | | | | | | | | | | | | | |
|  | | | | |  | | | MM/DD/YYYY | | |
| Foreign Bank Representative Office in the State of Illinois; | | | | | | | | | | | | | |
| |  | | --- | | 1. To the best of my knowledge and belief, the Corporation is not now acting as, or conducting business as a Foreign Bank Representative Office in the State of Illinois; and | | | | | | | | | | | | | | |
| |  | | --- | | 1. It is understood that prior to acting as a Foreign Bank Representative Office in the State of Illinois, the Corporation must first apply for and receive a new License from the Secretary of the Illinois Department of Financial and Professional Regulation. | | | | | | | | | | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| State of |  |  |  |  |  |
|  |  |  | Senior Executive Officer Signature |  | Date |
| County of |  |  |  |  |  |
|  |  |  | Printed Name of Senior Executive Officer |  |  |

(Seal)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Signed and sworn to before me on | | |  | day of |  | , |  |
|  | | |  |  | Month |  | Year |
| By |  | | | | | |  |
|  | Printed Name of Notary Public | | | | | |  |
|  |  | | | | | |  |
|  | Signature of Notary Public | | | | | |  |
| My Commission Expires: | |  | | | | |  |
|  | |  | | | | |  |

*Please attach original License issued by the Department*