

**APPLICATION FOR CERTIFICATE TO MAINTAIN  
AND OPERATE A BRANCH**

**TO BE USED IN CONJUNCTION WITH THE CONVERSION OF A BANK TO A BRANCH**

**(Title 6 O.S. Section 501.2)**



**STATE OF OKLAHOMA  
STATE BANKING DEPARTMENT**

**NAME OF APPLICANT** \_\_\_\_\_

**STREET ADDRESS** \_\_\_\_\_ **CITY** \_\_\_\_\_

**COUNTY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP CODE** \_\_\_\_\_

\_\_\_\_\_  
**SIGNATURE OF PRESIDENT OR VICE PRESIDENT**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**ATTEST: CASHIER OR SECRETARY**

\_\_\_\_\_  
**DATE**

DATE OF APPLICATION \_\_\_\_\_

NAME OF APPLICANT \_\_\_\_\_

**LOCATION OF APPLICANT'S MAIN OFFICE**

Street Address \_\_\_\_\_ City \_\_\_\_\_

County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**CURRENT NAME OF PROPOSED BRANCH** \_\_\_\_\_

**LOCATION OF PROPOSED BRANCH**

Street Address \_\_\_\_\_ City \_\_\_\_\_

County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**PROPOSED NAME TO BE USED FOR ADVERTISING THE BRANCH** \_\_\_\_\_

**LOCATION OF ALL BRANCHES AND DETACHED FACILITIES THAT THE APPLICANT OPERATES OTHER THAN THE BRANCH PROPOSED IN THIS APPLICATION, APPROVAL DATES FOR SAME, AND METHOD OF ESTABLISHMENT, DE NOVO OR BY ACQUISITION** (If additional space is needed, attach a separate page.)

Location	Approval Date	Method of Establishment
_____	_____	_____
_____	_____	_____
_____	_____	_____

**DESCRIBE ALL OTHER RELATED APPLICATIONS SUBMITTED IN CONNECTION WITH THIS PROPOSAL (MERGER, PURCHASE AND ASSUMPTION, OTHER BRANCHES, ETC.)**

**BANK REPRESENTATIVE RESPONSIBLE FOR RESPONDING TO QUESTIONS RELATING TO THIS APPLICATION**

Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone No. ( ) \_\_\_\_\_

## FUTURE EARNINGS PROSPECTS DATA

### ESTIMATED AVERAGE DEPOSITS FOR THE PROPOSED BRANCH

INSTRUCTIONS: Average branch deposits for the second, third and fourth years are computed by adding figures at the end of the preceding year to the totals at the end of the subject year and dividing by two. Round all amounts to the nearest thousands of dollars.

#### AVERAGE DURING

DESCRIPTION	1 <sup>ST</sup> YEAR	2 <sup>ND</sup> YEAR	3 <sup>RD</sup> YEAR	4 <sup>TH</sup> YEAR
AVERAGE DEPOSIT VOLUME:				
A. Demand deposits				
B. Interest bearing deposits				
<b>Total Average Deposit Volume (A plus B)</b>				

### ESTIMATED INCOME AND EXPENSES FOR THE PROPOSED BRANCH

INSTRUCTIONS: Gross income is calculated by multiplying the average deposit volume above by the bank-wide rate of gross earnings to average assets for the latest available year. ANY DEPARTURE FROM THIS FORMULA MUST BE EXPLAINED IN THE COMMENTS SECTION ON PAGE 4. Round all amounts to the nearest thousands of dollars.

#### ESTIMATED AMOUNT

DESCRIPTION	1 <sup>ST</sup> YEAR	2 <sup>ND</sup> YEAR	3 <sup>RD</sup> YEAR	4 <sup>TH</sup> YEAR
<b>1. Gross Income (@       %)</b>				
EXPENSES:				
Salaries and employee benefits				
Interest on time and savings deposits (@       %)				
Net occupancy expense (details on page 4)				
Furniture and equipment (depreciation, rental, etc.)				
Provision for loan losses				
Other operating expenses:				
Advertising				
Stationery and supplies				
Telephone				
Legal fees				
Postage				
Computer services				
Assessments by regulatory authorities				
Miscellaneous				
<b>2. Total Estimated Expenses</b>				
<b>ESTIMATED NET PROFIT OR (LOSS)</b> <b>(Line 1 less line 2)</b>				

**ESTIMATED INCOME AND EXPENSES FOR THE PROPOSED BRANCH (Continued)**

DESCRIPTION	1 <sup>ST</sup> YEAR	2 <sup>ND</sup> YEAR	3 <sup>RD</sup> YEAR	4 <sup>TH</sup> YEAR
OCCUPANCY EXPENSES:				
Rent				
Depreciation				
Utilities (gas, electricity, and power)				
Maintenance (including janitor's salary)				
Insurance				
Real estate taxes				
Other occupancy expenses				
If leased - (a) leasehold improvements				
- (b) furniture and equipment				
<b>TOTAL OCCUPANCY EXPENSES</b>				
Less: Rental income anticipated				
<b>Net Occupancy Expense (Should agree with the amount shown on page 3)</b>				

COMMENTS:

**IF AN INSIDER IS A PARTY TO ANY LEASE CONTRACT IN CONNECTION WITH THIS APPLICATION, EXPLAIN THE MANNER IN WHICH LEASE PAYMENTS WERE DETERMINED AND SUBMIT A COPY OF THE LEASE OR OTHER CONTRACT.**

**FEEES PAID IN CONNECTION WITH THE PROPOSAL**

NAME OF RECIPIENT	TYPE OF FEES PAID (Mark Appropriate Column)			RELATIONSHIP OR ASSOCIATION WITH APPLICANT (Specify Director, Officer, 5% Stockholder, or their relatives. Designate any business interests of the aforementioned.)	AMOUNT
	Legal	Consulting	Other		

**DESCRIBE ANY CHANGE IN SENIOR MANAGEMENT SINCE THE LAST EXAMINATION.**

**ATTACH A COPY OF APPLICANT’S STATEMENT OF CONDITION OF RECENT DATE OR THE MOST RECENT QUARTERLY REPORT OF CONDITION.**