

**APPLICATION TO ACQUIRE A VIRGINIA BANK PURSUANT
TO TITLE 6.2 OF THE CODE OF VIRGINIA**

INFORMATION AND INSTRUCTIONS

This application form is designed to elicit the minimum information needed by the State Corporation Commission to determine whether an out-of-state bank holding company or subsidiary thereof, or a general business corporation should be given permission to acquire and hold the shares of voting stock in a Virginia bank pursuant to the provisions of Title 6.2 of the Code of Virginia. The application should be filed concurrently with an application for a certificate of authority to commence banking business in Virginia as a state bank, or should be accompanied by a copy of an application filed with the Comptroller of the Currency to organize a national bank in Virginia. Additional information may be required in some cases, and the right to request such information is hereby reserved. This form is not intended to limit the presentation of the proposal, and the applicant may submit any additional information it considers pertinent. Additional information, attachments and/or documents must be filed on 8½" x 11" paper.

The following documents must be submitted with the application:

1. A check for \$10,000 payable to the Treasurer of Virginia.
2. A copy of related applications and documents filed or to be filed with federal and other state agencies.
3. Copies of filings with the Securities and Exchange Commission under Section 13 or 15(d) of the Securities Exchange Act of 1934 over the last 36 months. If the applicant is not required to make such filings, provide copies of the annual certified financial statements of the holding company and of the subsidiary, or of the general business corporation, for the last three fiscal years.
4. A résumé of the proposed chief executive officer.
5. A statement briefly describing the scope and nature of the banking business to be conducted by the proposed subsidiary bank.

Some of the requested documents and information may be contained in federal or other state applications. The applicant may refer to such application(s) and document(s) by document and page number.

The Bureau will review the application and all accompanying materials upon receipt. **Investigation of the application may be delayed if the application is incomplete.** Thus, full and complete answers should be given at the outset of the application process.

As a general rule, documents filed with the Bureau of Financial Institutions become part of the public record. Upon request, the Bureau will consider for confidential treatment any documents or portions of the application that the applicant considers of a proprietary and personal nature. The request for confidential treatment must discuss the justification for the requested treatment, specifically demonstrating the harm (for example, loss of competitive position or invasion of privacy) that may result from public release of the information. Information for which confidential treatment is requested should be: (1) specifically identified in the public portion of the application (by reference to the confidential section); and (2) specifically separated and labeled "Confidential". The Bureau will advise the applicant if the request for confidentiality cannot be honored.

To view the entire Confidentiality Policy Statement of the Bureau of Financial Institutions or to download this application form or a related form, visit the Bureau's website at www.scc.virginia.gov/bfi.

Inquiries concerning the preparation and filing of the application should be directed to the Bureau of Financial Institutions, 1300 East Main Street, Suite 800, Post Office Box 640, Richmond, Virginia 23218-0640. Telephone: (804) 371-9690; FAX: (804) 371-9416.

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**Bureau of Financial Institutions
State Corporation Commission
1300 East Main Street, Suite 800
Post Office Box 640
Richmond, Virginia 23218-0640**

I. GENERAL INFORMATION

| | |
|---|---------------------------------|
| CORPORATE NAME AND ADDRESS OF APPLICANT | STATE AND DATE OF INCORPORATION |
| CORPORATE NAME AND ADDRESS OF PARENT, IF ANY | STATE AND DATE OF INCORPORATION |
| CORPORATE NAME AND ADDRESS OF BANK TO BE ACQUIRED | DATE OF INCORPORATION |

STATE THE NUMBER OF SHARES OF EACH CLASS OF STOCK OF PROPOSED SUBSIDIARY BANK

Authorized:

To be issued:

To be acquired by Applicant:

Par Value:

Purchase Price:

NAME AND ADDRESS OF REGISTERED AGENT IN VIRGINIA

OFFICIAL RESPONDING TO QUESTIONS RELATING TO THIS APPLICATION (Name, Mailing Address, Telephone Number, and E-mail address)

II. SPECIFIC INFORMATION

A. STATE THE PRIMARY PURPOSE FOR CREATING AND ACQUIRING AN EQUITY INTEREST IN THE PROPOSED SUBSIDIARY BANK.

B. STATE THE SOURCE AND AMOUNT OF CAPITALIZATION WHICH THE PROPOSED SUBSIDIARY BANK WILL POSSESS UPON COMMENCEMENT OF BUSINESS.

C. STATE THE APPROXIMATE NUMBER OF PERSONS IN VIRGINIA WHO WILL BE EMPLOYED BY THE PROPOSED SUBSIDIARY BANK ON THE DATE OF COMMENCEMENT OF BUSINESS. IF THE NUMBER TO BE SO EMPLOYED IS LESS THAN FORTY (40) PERSONS, STATE WITH SPECIFICITY ALL PLANS TO INCREASE THE NUMBER OF SUCH EMPLOYEES TO AT LEAST FORTY (40) PERSONS WITHIN THE FIRST YEAR FOLLOWING THE COMMENCEMENT OF BUSINESS.

D. IF THE APPLICANT OR ITS PARENT OR SUBSIDIARY OWNS MORE THAN FIVE (5) PERCENT OF THE VOTING STOCK OF ANY FINANCIAL INSTITUTION CONDUCTING BUSINESS IN VIRGINIA, INDICATE THE NAME OF THE INSTITUTION, THE NUMBER OF SHARES OUTSTANDING BY CLASS, AND THE NUMBER OF SHARES OWNED BY CLASS. IF THE APPLICANT DOES NOT HAVE SUCH AN OWNERSHIP INTEREST, STATE SO.

III. REPRESENTATIONS

By affixing the signature of its president hereto, the applicant acknowledges and agrees to comply with the conditions set forth in the Code of Virginia, if the applicant is a bank holding company or subsidiary thereof; or if the applicant is a general business corporation, for its acquisition and holding of stock of the subsidiary bank as proposed herein.

The applicant recognizes that violation of any of the applicable conditions may result in a proceeding to require it to divest itself of the subsidiary bank contemplated in this application.

Name of Applicant

By: _____
President

CERTIFICATION

The undersigned, certifies that he/she has executed the foregoing application under Title 6.2 of the Code of Virginia; that he/she has been duly authorized to file this application; and that to his/her knowledge, information and belief, the application and all accompanying schedules and attachments contain no misstatement of fact and do not omit any material fact called for.

Name (Type or Print)

Signature

Title

SWORN TO AND SUBSCRIBED before me this _____ day of _____, _____.

Notary Public

Registration Number of Notary: _____
My commission expires: _____