

**APPLICATION TO CHANGE THE LOCATION OF A MAIN OFFICE OR BRANCH  
PURSUANT TO TITLE 6.2 OF THE CODE OF VIRGINIA**

**INFORMATION AND INSTRUCTIONS**

This application form is designed to obtain information required by the Bureau of Financial Institutions in order to determine whether a particular bank or savings institution may change the location of its main office or a branch office pursuant to Title 6.2 of the Code of Virginia. Additional information may be required in some cases, and the right to request such information is hereby reserved. When space allowed is insufficient, a separate 8½" X 11" page should be used. A check for \$500, payable to the Treasurer of Virginia, must accompany the application.

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 [scc.virginia.gov/pages/Bureau-of-Financial-Institutions](http://scc.virginia.gov/pages/Bureau-of-Financial-Institutions).

Information about appeals: All applications are investigated by the Bureau of Financial Institutions. Certain application decisions are made by the Commissioner of Financial Institutions under delegated authority from the State Corporation Commission. In the event you wish to appeal either a determination made by the Bureau of Financial Institutions in the course of its investigation of your application or the Commissioner of Financial Institutions' decision on your application, you may request a formal review by the State Corporation Commission in accordance with its Rules of Practice and Procedure ([scc.virginia.gov/pages/Case-Information](http://scc.virginia.gov/pages/Case-Information))

The Bureau of Financial Institutions will process a complete application within thirty days of receipt, unless extended for an additional thirty days.

Inquiries concerning the preparation and filing of this 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].

**APPLICATION TO CHANGE THE LOCATION OF A MAIN OFFICE OR BRANCH  
PURSUANT TO TITLE 6.2 OF THE CODE OF VIRGINIA**

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

Pursuant to the provisions of Title 6.2 of the Code of Virginia,

\_\_\_\_\_  
(Name and Address of Applicant)

applies to the State Corporation Commission for authority to move its (circle one) **main office** or **branch** now being operated at

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City or Town) (County) (State)

to \_\_\_\_\_  
(Street Address) (City or Town) (County)

\_\_\_\_\_, which is \_\_\_\_\_ from the present location.  
(State) (Distance)

Describe the premises to be occupied at the new location. State the Owner/Lessor's name and annual rental if leased; the Seller and cost if purchased; or the estimated cost of new construction of the premises.

Is the Seller or Lessor related in any way to the applicant? YES \_\_\_\_\_ NO \_\_\_\_\_

**CERTIFICATION**

The undersigned certifies that he/she has been duly authorized to file this application and that to his/her knowledge, information and belief, the facts as stated in this application and all accompanying schedules and/or attachments are true.

\_\_\_\_\_  
Name (Type or Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone Number/E-mail Address