

FLORIDA OFFICE OF FINANCIAL REGULATION  
Division of Financial Institutions  
200 East Gaines Street  
Tallahassee, Florida 32399-0371  
www.flofr.gov

---

**APPLICATION**

**For the Establishment of an  
International Branch or International Bank Agency  
in the State of Florida**

Form OFR-U-20

---

**General Instructions**

An international banking corporation which seeks a license under Section 663.05, Florida Statutes, to establish an international branch or international bank agency in the state of Florida should submit an original and one copy of the letter application and required appendices accompanied by a check covering the application fee, payable to the order of the Office of Financial Regulation (OFR). The application fee for an international branch or international bank agency is \$10,000. Please note that the application fee is nonrefundable, including in the case of denial or withdrawal of the application.

At the same time this application is filed with the OFR, an original and three copies of the application should be sent to:

**Director of Application Risk  
Federal Reserve Bank of Atlanta  
1000 Peachtree Street, N.E.  
Atlanta, Georgia 30309-4470**

**Application fee of \$10,000 payable to the  
Office of Financial Regulation  
is attached for deposit to the  
Financial Institutions Regulatory Trust Fund**

|  |
|--|
| <p><b>Org: 43843000000<br/>Flair Object Code: 001072<br/>EO: V1<br/>Revenue Source Code: 229</b></p> |
|--|



2. Physical location of the proposed office is:

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

\_\_\_\_\_, Florida \_\_\_\_\_  
(City) (County) (Zip Code)

Mailing Address is:

\_\_\_\_\_ or \_\_\_\_\_  
(Street Address) (Post Office Address)

\_\_\_\_\_, Florida \_\_\_\_\_  
(City) (County) (Zip Code)

3. Physical location of the current office(s) is:

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

\_\_\_\_\_, Florida \_\_\_\_\_  
(City) (County) (Zip Code)

Mailing Address is:

\_\_\_\_\_ or \_\_\_\_\_  
(Street Address) (Post Office Address)

\_\_\_\_\_, Florida \_\_\_\_\_  
(City) (County) (Zip Code)

4. The name and title of the person who shall be in charge of the business and affairs of the proposed office is:

Name

Title

\_\_\_\_\_

*(The person named above must complete the biographical information section (attachment 4(a)) and the authorization for release of confidential information (attachment 4(b)).*

5. Authentic copies of the international banking corporation's articles of incorporation and by-laws, or the equivalent thereof, should be attached to this application.

6. The total amount of the capital accounts of the applicant international banking corporation in U.S. dollars is \$ \_\_\_\_\_, and this amount is reflected in the Applicant's complete and detailed statements of financial condition as of the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, which accompany and are made a part of this application. (Financial statements should be for the most recent fiscal quarter ending or at a minimum within 180 days of the date of the application.)

Dated \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
(Applicant International Banking Corporation)

By: \_\_\_\_\_

Title: \_\_\_\_\_

**ACKNOWLEDGEMENT**

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally  
came \_\_\_\_\_, who is  to me personally  
known,  or who produced \_\_\_\_\_ as  
identification, and who acknowledged before me that he/she is the  
\_\_\_\_\_ of  
\_\_\_\_\_, the international banking  
corporation described herein and which executed the foregoing application certificate and that  
he/she signed his/her name hereto by like order.

(L.S)

\_\_\_\_\_  
(Signature of Notary Public or other official taking  
acknowledgement)

\_\_\_\_\_  
(Title of official taking acknowledgement)

Note: This acknowledgment may be taken within the State of Florida or within any other state of the United States by a notary public. In countries other than the United States, this acknowledgment may be taken by certificate of apostille pursuant to the Convention Abolishing the Requirement of Legalization for Foreign Public Documents (The Hague, October 5, 1961) or by an ambassador, a minister plenipotentiary, a minister extraordinary, a minister resident, a charge d'affairs, a consul-general, a vice consul-general, a deputy consul-general, a consul, a vice-consul, a deputy-consul, a consular agent, a vice consular agent, a commercial agent or a vice-commercial agent of the United States within their jurisdiction. The seal of their office or the seal of the office to which they are attached should be affixed.

**CERTIFICATE OF CAPITAL**

In accordance with the provisions of Section 663.055, Florida Statutes,

\_\_\_\_\_, an international banking corporation duly incorporated under the laws of \_\_\_\_\_, does hereby certify to the Office of Financial Regulation, that, as of the close of business \_\_\_\_\_, 20\_\_\_, the amount of its capital accounts (*must be as of the latest fiscal quarter ending or at a minimum of 180 days of the date of the application*), including paid-in capital, surplus, and undivided profits, expressed in the currency of the country of its incorporation, and the U.S. dollar equivalents thereof, were:

|                       | <u>Amount</u> | <u>U.S. Dollar Equivalent</u> |
|-----------------------|---------------|-------------------------------|
| Paid-in Capital Stock | _____         | _____                         |
| Surplus               | _____         | _____                         |
| Undivided Profits     | _____         | _____                         |
| Other (Specify)       | _____         | _____                         |
| Totals:               | _____         | _____                         |

Rate of exchange as of the date above: \_\_\_\_\_.

Dated: \_\_\_\_\_, 20\_\_\_\_\_

By: \_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Title)

## GENERAL INFORMATION

1. Provide the name and telephone number of the contact person and/or correspondent for this application.
2. Provide a statement from the home country supervisor of the applicant that:
  - (a) states that the applicant is duly organized, licensed, and lawfully existing in good standing;
  - (b) such supervisor does not object to the establishment of the proposed Florida office; and
3. Provide a statement from an attorney that lists any instance in which the international banking corporation has been convicted of, or pled guilty or nolo contendere to, a violation of any currency transaction reporting or money laundering law which may exist in that country.
4. Describe the bank regulatory system in the applicant's home country. The description should address:
  - (a) the extent to which the bank is subject to comprehensive supervision or regulation on a consolidated basis by its home country supervisor or other financial institutions authorities;
  - (b) the powers and functions of bank supervisory authorities; and
  - (c) the frequency and scope of direct or indirect supervisory examinations of banks.
5. Provide a brief history of the applicant summarizing the applicant's experience in international banking to include: the volume and character of its current international business; a description of the structure of the applicant's foreign or international department; the location, number, and asset size of existing foreign offices; and the number of international staff.
6. Provide an organization chart for the applicant and its top tier parent, if any, showing all related companies in which 10 percent or more of the voting securities are directly or indirectly owned, controlled, or held with power to vote, or which are otherwise directly or indirectly controlled. Include the place of incorporation of all companies.
7. Provide the following for the applicant:
  - (a) Parent only and consolidated balance sheets, showing separately each principal group of assets, liabilities, and capital accounts as of the end of the most recent fiscal quarter and for the comparable quarter of the preceding year. Include information on contingent liabilities, (i.e. standby and commercial letters of credit, guaranties, commitments to grant or purchase loans and securities, contracts to purchase/sell foreign exchange).
  - (b) Parent only and consolidated income statements showing separately each principal

**source of revenue and expenses through the end of the most recent fiscal quarter and for the past three fiscal years. For statements reflecting the most recent quarterly information, also provide statements for the comparable period of the preceding year.**

- (c) On a consolidated basis, a breakdown of risk-based assets as of the end of the most recent fiscal quarter, showing each principal group of on and off-balance sheet assets and the relevant risk weights. Identify the components of tier 1 and tier 2 capital under the final Basel Accord risk-based capital guidelines and provide calculations of applicant's tier 1 and total capital to risk-based assets.**
  - (d) Current information that will enable OFR to make a judgement as to the quality of applicant's assets, including, but not limited to: delinquencies; non-accrual loans; assets acquired in satisfaction of debts previously contracted; and loans with reduced interest charges.**
- 8. List the applicant's principals<sup>1</sup> and provide the following information with respect to each:**
- (a) Number and percentage of each class of shares of applicant owned, controlled, or held with power to vote<sup>2</sup>; and**
  - (b) The information requested in the biographical forms (Attachments 4(a) and 4(b)) for the chief executive officer and chief operating officer (or top two decision makers) of the applicant, individuals, or companies in the upstream chain of ownership who own or control, directly or indirectly, 10 percent or more of the voting stock shares of the applicant.**
  - (c) A brief biography of the applicant's directors, executive officers, and principal shareholders detailing their financial ability, reputation, integrity, and experience in managing and directing an international banking corporation.**
- 9. (a) Describe the existing operations of the applicant and its ultimate parent, if any, in the United States, including bank and non-bank subsidiaries, branches and agencies, commercial lending companies, and representative offices.**
- (b) If any existing office has been determined by its U.S. regulator (state/federal) to be in less than satisfactory condition, the applicant should discuss why it believes it should be permitted to enter or expand in the United States, notwithstanding that condition.**

---

<sup>1</sup> The term principal as used herein means any individual or corporation that (1) owns, directly or indirectly 10 percent or more of the outstanding shares of any class; (2) is a director, trustee, partner, or executive officer; or (3) with or without ownership interest, participates, or has the authority to participate in major policy-making functions, whether the individual has an official title or is serving without compensation. If the applying organization believes that any such individual should not be regarded as a principal, the applying organization should so indicate and give reasons.

<sup>2</sup> Include shares owned, controlled, or held with power to vote by the principal's spouse and dependents. Give record ownership and, to the extent information is available, beneficial ownership of shares held by trustees, nominees, or in street names.

10. Describe the type of business to be conducted and the types of services to be offered, including whether any existing or future business will be transferred to the proposed office. Discuss the purpose for establishing the proposed office and the reasons why it is believed that such office would further the development of the applicant's international or foreign business.
11. Give estimated start-up costs and projected balance sheets and income statements for the proposed office for the first three years of operations. Include a summary of contingent liabilities for the proposed office for the first three years of operation and information on how the proposed office will be funded. Provide any assumptions used in formulating these projections.
12. Identify the proposed manager to be employed in the proposed agency or branch office and provide a brief description of his/her experience. Provide the information requested in the biographical forms (Attachments 4(a) and 4(b)) for the proposed manager.
13. Provide an estimate of the direct and indirect country exposure of the proposed office to the applicant's home country for the first three years of operations.
14. Describe the manner in which, and the extent to which, the applicant proposed to direct, supervise and audit the activities of the proposed office. Discuss how the applicant will be able to serve as a source of financial and managerial strength for the proposed office. If the applicant's home country maintains foreign exchange restrictions or other capital export controls, discuss in detail the limitations such controls would place on the applying organization's ability to serve as a source of strength for its United States banking interests.
15. If the applicant, upon consummation of the subject proposal, will be a qualifying foreign banking organization as defined in Section 211.23(a) of Regulation K, provide the necessary information to support such a determination.
16. If the applicant, its ultimate parent, or any company (banking or non-banking) with 5 percent or more of its voting shares directly or indirectly owned or controlled by applicant or its ultimate parent, will engage directly or indirectly at the time of consummation of this proposal in any non-banking activities in the United States, provide:
  - (a) the name, location, and a detailed description of all the activities for each company;
  - (b) the location in which each non-banking activity will be performed; and
  - (c) the specific section and paragraph of the Bank Holding Company Act (BHCA), Regulation K, or Regulation Y that the applicant believes provides authority for acquisition or retention of each United States non-banking activity and a description that demonstrates that each activity will be conducted consistent with the Board of Governor's regulations and related interpretations. If the applicant has relied on the non-banking exemptions afforded by Sections 2(h) and 4(c)(9) of the BHCA (as implemented by Section 211.23 of Regulation K) for certain activities, provide the necessary information to support such a determination.

17. **The applicant and its ultimate parent, if any, should provide adequate assurances that such information on the operations or activities of the foreign bank and any of its affiliates will be provided to OFR as OFR deems necessary in order for it to determine and enforce compliance with applicable state and federal laws and regulations. Describe whether there exist any secrecy laws or other impediments that would restrict the ability of the applicant and its ultimate parent, if any, to provide information to OFR to determine and enforce compliance with applicable state and federal laws and regulations. If any impediments exist, explain how the applicant and the ultimate parent, if any, propose to provide the OFR with adequate assurances of access to such information.**
18. **Indicate any banking needs of the community that will be better served as a result of the establishment of the proposed office.**
19. **Provide a copy of the information required to be submitted in accordance with the provisions of Section 607.1503, Florida Statutes, that applies to foreign corporations.**
20. **Provide documentation that the international banking corporation is chartered in a jurisdiction in which any financial institution licensed or chartered by any state or any federal bank regulatory agency in the United States may establish similar facilities or exercise similar powers or that Federal law permits the appropriate federal regulatory authority to issue a comparable license to the international banking corporation.**

**Attachment 4(a)**  
**BIOGRAPHICAL REPORT**

This Biographical and Report (report) is used by individuals in conjunction with other corporate filings to the Florida Office of Financial Regulation. This report is not a stand alone document.

**Preparation**

All questions must be answered with complete and accurate information that is subject to verification. If the answer is “none,” “not applicable,” or “unknown,” so state. Answers of “unknown” or “yes” should be explained.

The questions are not intended to limit the presentation nor are the questions intended to duplicate information supplied on another form or in an exhibit. A cross-reference to the information is acceptable. Any cross-reference must be made to a specific cite or location in the documents, so the information can be located easily. Use additional sheets as necessary. If the report is not complete, the Office may either request additional information or return the filing. If you are a foreign national or a United States citizen who currently resides in a foreign country, additional information may be necessary. Each individual must report promptly any material change(s) to the information provided in the Biographical Report that occurs during the review period for the filing.

For additional information regarding the processing procedures and guidelines and any supplemental information that may be required, please contact the Florida Office of Financial Regulation directly for specific instruction.

**Notice Regarding Collection and Use of Social Security Numbers**

In accordance with Section 119.071(5)(a)2.a., and Section 119.071(5)(a)2.b., Florida Statutes, the Office provides the following notice to applicants regarding the its collection and use of social security numbers.

The Office’s collection of social security numbers is not expressly authorized by or mandatory under federal or state law, but it is imperative for the performance of the Office’s duties and responsibilities as prescribed by Section 663.05, Florida Statutes, to ensure the safe and sound management and operations of an international branch or international bank agency in this state.

Social security numbers that are collected by the Office may not be used by or for any purpose other than the purpose provided in this notice.

Social security numbers held by the Office are confidential and exempt from Section 119.07(1), Florida Statutes, and Section 24(a), Art. I of the State Constitution. This exemption does not supersede any federal law prohibiting the release of social security numbers or any other applicable public records exemption for social security numbers existing prior to May 13, 2002, or created thereafter.

Social security numbers held by the Office may be disclosed if any of the following apply:

- a. The disclosure of the social security number is expressly required by federal or state law or a court order.
- b. The disclosure of the social security number is necessary for the receiving agency or governmental entity to perform its duties and responsibilities.
- c. The individual expressly consents in writing to the disclosure of his or her social security number.
- d. The disclosure of the social security number is made to comply with the USA Patriot Act of 2001, Pub. L. No. 107-56, or Presidential Executive Order 13224.
- e. The disclosure of the social security number is made to a commercial entity for the permissible uses set forth in the federal Driver’s Privacy Protection Act of 1994, 18 U.S.C. ss. 2721 et seq.; the Fair Credit Reporting Act, 15 U.S.C. ss. 1681 et seq.; or the Financial Services Modernization Act of 1999, 15 U.S.C. ss. 6801 et seq., provided that the authorized commercial entity complies with the requirements of this paragraph.
- f. The disclosure of the social security number is for the purpose of the administration of health benefits for an agency employee or his or her dependents.
- g. The disclosure of the social security number is for the purpose of the administration of a pension fund administered for the agency employee’s retirement fund, deferred compensation plan, or defined contribution plan.

h. The disclosure of the social security number is for the purpose of the administration of the Uniform Commercial Code by the office of the Secretary of State.



|  |  |  |  |  |  |
|--|--|--|--|--|--|
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

(d) Date of Birth: Month \_\_\_\_\_ Date \_\_\_\_\_ Year \_\_\_\_\_

(e) Place of Birth: \_\_\_\_\_  
 (City) (State) (Country)

(f) United States Social Security Number: \* \_\_\_\_\_  
*\*Please see the notice to applicants regarding the Office's collection and use of social security numbers.*

(g) Citizenship: \_\_\_\_\_  
 (Country) (Date, if Naturalized)

(h) If you are not a United States citizen, provide:  
 Passport Number: \_\_\_\_\_  
 Home Country Identification Number: \_\_\_\_\_

(i) Telephone and fax numbers where you may be reached during business hours and an e-mail address:  
 \_\_\_\_\_  
 (Area Code, Telephone Number, including Country Code if outside U.S.)

\_\_\_\_\_  
 (Fax Number) (E-mail Address)

(j) List other names you have used and the period of time you used them (for example, your maiden name, name by a former marriage, former name, alias, or nickname). Attach additional sheets as necessary.

| Name | From<br>mm/yyyy | To<br>mm/yyyy |
|------|-----------------|---------------|
|      |                 |               |
|      |                 |               |
|      |                 |               |
|      |                 |               |

**2. Employment History**

(a) List employment in reverse chronological order for the last five years. The list should include the beginning and ending dates of employment, the employer’s name and location (city, state), nature of the business, title or position, nature of duties, and reason for leaving.

(b) Have you ever been dismissed or asked to resign from any past employment, including a less than honorable discharge from military service?

Yes  No

If “yes,” provide the employer’s name, address, and telephone number; title or position; date of discharge; and explanation.

**3. Education and Professional Credentials**

(a) List each diploma, certificate, or degree from high schools, colleges, universities, postgraduate, or other schools.

| School Name and Address | From<br>mm/yyyy | To<br>mm/yyyy | Degree/Certificate |
|-------------------------|-----------------|---------------|--------------------|
|                         |                 |               |                    |
|                         |                 |               |                    |
|                         |                 |               |                    |
|                         |                 |               |                    |

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|  |  |  |  |

(b) List each professional license or similar certificate you now hold or have held (for example, attorney, physician, CPA, NASD or SEC registration).

| License Type/Number | Issuing Authority | Status (active, expired, revoked) | Issued mm/yyyy | Expiration mm/yyyy |
|---------------------|-------------------|-----------------------------------|----------------|--------------------|
|                     |                   |                                   |                |                    |
|                     |                   |                                   |                |                    |
|                     |                   |                                   |                |                    |
|                     |                   |                                   |                |                    |
|                     |                   |                                   |                |                    |
|                     |                   |                                   |                |                    |
|                     |                   |                                   |                |                    |

**4. Business Affiliations**

(a) List any company with which you are associated, providing the company name, location, nature or type of business, position held or relationship to the company, ownership percentage, and beginning date of the relationship.

(b) List the name of any depository institution or depository institution holding company with which you are or were associated. Also list the location, nature of banking activity, position held or relationship, ownership percentage, and beginning and ending dates of the relationship.

(c) Are you in the process of being considered for a senior executive officer or director position at another depository institution or depository institution holding company?

Yes  No

If “yes,” provide the name of the depository institution or depository institution holding company and the position. If the application has been submitted for regulatory review, provide the name of the regulatory agency.

(d) Are you now or are you proposed to be a “management official” of another insured depository institution holding company?

Yes  No

If yes, explain either why the potential interlock is not a violation of the Depository Institution Management Interlocks Act (12 U.S.C. §§ 3201-3208) or what action will be taken to prevent a violation.

## 5. Legal and Related Matters

(a) Have you been involved in any of the following filings where the filing was denied, disapproved, withdrawn, or otherwise returned without favorable action by a federal or state regulatory authority or a self-regulatory organization:

(1) A charter or license application, a depository institution holding company application, a federal deposit insurance application, in which you were listed as an organizer, director, senior executive officer, or a person that would own or control (either individually or as a member of a group) 10 percent or more of any class of voting securities or other voting equity interest of the institution, or similar position?

Yes  No

(2) A merger application in which you were listed as a director, senior executive officer, or similar position?

Yes  No

(3) A notice of change in director or senior executive officer, or similar form, in which you were listed as a director, senior executive officer, or similar position?

Yes  No

(4) A notice of change in control for a depository institution or other company, or a similar form, in which you were listed (either individually or as a member of a group) as an acquirer or transferee?

Yes  No

(5) Any other application, notice, or other regulatory or administrative request which was filed with a federal or state regulatory authority or a self-regulatory organization in which you were listed in some capacity?

Yes  No

(b) Have you or any depository institution or depository institution holding company with which you are or were associated with as an executive officer, director, principal shareholder, manager, or managing member been subject to any supervisory agreement, enforcement action, civil money penalty, prohibition or removal order, or other supervisory or administrative action taken or imposed by any federal or state regulatory authority or other governmental entity/

Yes  No

(c) Has any depository institution with which you are or were associated as an executive officer, director, principal shareholder, manager, or managing member:

(1) Been placed into conservatorship or receivership or otherwise failed?

Yes  No

(2) Received financial assistance from a federal agency or instrumentality?

Yes  No

(3) Merged with or been acquired by an institution that received financial assistance from a federal agency or instrumentality in connection with the transaction?

Yes  No

(d) Have you or any company with which you are or were associated as an executive officer, director, principal shareholder, manager, or managing member:

(1) Filed a petition under any chapter of the Bankruptcy Code or had an involuntary bankruptcy petition filed against you or the company?

Yes  No

(2) Defaulted on a loan or financial obligation of any sort, whether as obligor, cosignor, or guarantor?

Yes  No

(3) Forfeited property in full or partial satisfaction of any financial obligation?

Yes  No

(4) Had a lien placed against property for failure to pay taxes or other debt?

Yes  No

(5) Had wages or income garnished for any reason?

Form OFR-U-20

Incorporated by Reference in Rules 69U-140.002(1) and 140.002(4), F.A.C.

(Eff. 01/2018)

18 of 22

Yes  No

(6) Failed or refused to pay any outstanding judgments?

Yes  No

(e) Have you or any company with which you are or were associated as an executive officer, director, principal shareholder, manager, or managing member been involved in any lawsuit, formal or informal investigation, examination, or administrative proceeding that may result in, or resulted in, any penalty (including, but not limited to, any sanction, fine, order to pay damages, loss of right or benefit, forfeiture of property interest, or revocation of license), agreement, undertaking, consent, judgment, or order imposed by or entered into with any of the following entities:

(1) Any federal or state court?

Yes  No

(2) Any department, agency, or commission of the United States government?

Yes  No

(3) Any state, municipal, or foreign governmental entity?

Yes  No

(4) Any self-regulatory organization (for example, NASD, FASB, state bar)?

Yes  No

(f) Have you or any company with which you are or were associated as an executive officer, director, principal shareholder, manager, or managing member been arrested for, charged with, indicted for, or convicted of (including a conviction where the record was expunged), ever pleaded *nolo contendere* to, any criminal matter other than minor traffic violations?

Yes  No

(g) If you answer “yes” to any question in 5(a) through 5(f), provide your explanation by identifying the number of the question, describing the situation in detail, and, where relevant, including the following information. Attach additional sheets as necessary.

- Name and location of any company, party, court, regulatory agency, or self-regulatory organization involved.
- Nature of your association with any company (for example, officer, director, organizer, principal shareholder, or owner).
- Type of any application, notice, or other regulatory or administrative request.

Form OFR-U-20

Incorporated by Reference in Rules 69U-140.002(1) and 140.002(4), F.A.C.

(Eff. 01/2018)

19 of 22

- Nature of any supervisory, enforcement, or administrative action.
- Direct and indirect debt terms, defaulted amount, and creditor regarding any financial obligation.
- Date of any relevant event.
- Nature of any lawsuit, charge, or proceeding.
- Jurisdiction in which any legal proceeding occurred.
- Resolution or disposition of the matter.

## **6. Additional Information**

Present any other information you believe is important to evaluate your filing. If you are involved in the organization of a new institution, discuss your specific role.

**CERTIFICATION**

I hereby affirm that the foregoing biographical information and all information submitted herewith is true, complete, and correct to the best of my knowledge and belief.

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

COUNTRY \_\_\_\_\_

On this \_\_\_\_\_, day of \_\_\_\_\_, 20\_\_\_\_, before me, the undersigned notary, personally appeared \_\_\_\_\_ (name),

who \_\_\_ is personally known to me or \_\_\_ proved to me through the following identification: \_\_\_\_\_ to be the person who signed the preceding document in my presence and who affirmed to me that the statement and contents of the document are truthful and accurate to the best of \_\_\_ his or \_\_\_ her knowledge and belief.

(L.S)

\_\_\_\_\_  
Signature of Notary Public or other official taking the acknowledgment

Note: This acknowledgment may be taken within the State of Florida or within any other state of the United States by a notary public. In countries other than the United States, this acknowledgment may be taken by certificate of apostille pursuant to the Convention Abolishing the Requirement of Legalization for Foreign Public Documents (The Hague, October 5, 1961) or by an ambassador, a minister plenipotentiary, a minister extraordinary, a minister resident, a charge d'affairs, a consul-general, a vice consul-general, a deputy consul-general, a consul, a vice-consul, a deputy-consul, a consular agent, a vice consular agent, a commercial agent or a vice-commercial agent of the United States within their jurisdiction. The seal of their office or the seal of the office to which they are attached should be affixed.

**Attachment 4(b)**  
**AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION**

**(Please fully execute each authorization form)**

**TO WHOM IT MAY CONCERN:**

I \_\_\_\_\_, hereby authorize and request every person, firm, officer, corporation, association, organization, or institution having control of any documents, records, or other information pertaining to me to furnish the original or copies of any such documents, records, or other information to the Office of Financial Regulation or any of its authorized representatives for purposes of inspection or copying pursuant to Florida Statutes.

(Valid for six (6) months from date signed)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally came \_\_\_\_\_, who is \_\_\_\_\_ to me personally known, or \_\_\_\_\_ who produced \_\_\_\_\_ as identification, and who acknowledged before me that he is the \_\_\_\_\_ of \_\_\_\_\_, the corporation described herein and which executed the foregoing application certificate and that he signed his name hereto by like order.

(L.S.)

\_\_\_\_\_  
(Signature of Notary Public or other party taking acknowledgment)

\_\_\_\_\_  
(Title of party taking acknowledgment)

Note: This acknowledgment may be taken within the State of Florida or within any other state of the United States by a notary public. In countries other than the United States, this acknowledgment may be taken by certificate of apostille pursuant to the Convention Abolishing the Requirement of Legalization for Foreign Public Documents (The Hague, October 5, 1961) or by an ambassador, a minister plenipotentiary, a minister extraordinary, a minister resident, a charge d'affairs, a consul-general, a vice consul-general, a deputy consul-general, a consul, a vice-consul, a deputy-consul, a consular agent, a vice consular agent, a commercial agent or a vice-commercial agent of the United States within their jurisdiction. The seal of their office or the seal of the office to which they are attached should be affixed.