

Board of Governors of the Federal Reserve System



# Annual Daylight Overdraft Capital Report for U.S. Branches and Agencies of Foreign Banks—FR 2225

This report is authorized by law (12 U.S.C. §§ 248(i), 248-1, 464, 347d and 3105(a)). The Federal Reserve may not conduct or sponsor, and an organization (or a person) is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

The information on the worldwide capital of the respondents' parent banks will be used, subject to Federal Reserve approval, to calculate the daylight overdraft limits for those that choose to submit this report. Daylight overdraft limits for banks that do not submit the information as requested will be based on the size of their U.S. branch and agency offices, as described in the instructions.

**Report for foreign bank fiscal year ending:** \_\_\_\_\_

Foreign bank:

Address of U.S. branch or agency responding for the foreign bank:

Name \_\_\_\_\_  
City \_\_\_\_\_ Country \_\_\_\_\_

Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Does the foreign banking organization request confidential treatment for any portion of the report?  Yes  No  
If the response is "Yes," refer to the Instructions for Preparation of FR 2225.

Items 1–4 should be completed as specified in the instructions.

- 1. a. Amount of worldwide capital of the reporting bank  
(in U.S. dollars, based on the exchange rate as of the date of the financial statement) ..... \_\_\_\_\_
- b. Reporting option (check one):  Equity only  Total qualifying capital
- 2. Less: adjustments to avoid double counting (see instructions) ..... \_\_\_\_\_
- 3. Equals: daylight overdraft capital base for the U.S. branch and agency family ..... \_\_\_\_\_
- 4. Amount of worldwide total assets of the reporting bank  
(in U.S. dollars, based on the exchange rate as of the date of the financial statement) ..... \_\_\_\_\_

Authorized Signature \_\_\_\_\_

Title \_\_\_\_\_

Person to be contacted concerning this report:

Please return this report by the date indicated in the instructions to:

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name of Office \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Area Code / Phone Number / Extension \_\_\_\_\_