



# Annual Report of Foreign Banking Organizations—FR Y-7

## Report at the close of business as of the end of fiscal year

Date of Report (foreign banking organization's fiscal year-end):

Month / Day / Year

Name of Foreign Banking Organization

(Mailing Address of the Foreign Banking Organization) Street / P.O. Box

City / Country

Name, title, address and phone number of person in the U.S. to whom questions about this report should be directed:

Name / Title

Street

City / State / Zip Code

Area Code / Phone Number

I, \_\_\_\_\_  
Name and Title of Authorized Official

an authorized official of the company named above, hereby declare that this report has been examined by me and is true and complete to the best of my knowledge and belief.

Signature of Authorized Official

Date of Signature

Name, address and phone number of person who acts as agent for service of process in the United States for the foreign banking organization:

Name and Address of Agent in the United States

Street

City / State / Zip Code

Area Code / Phone Number

**Does the foreign banking organization request confidential treatment for any portion of the report?** Yes \_\_\_ No \_\_\_

If the response is yes, refer to the confidentiality instructions on page 2 of this report.

**Does this Annual Report represent the official filing of other members of a tiered foreign banking organization?**

Yes \_\_\_ No \_\_\_

If the response is yes, complete page COV-2 listing the names of the other members of the tiered foreign banking organizations.

This report form is authorized by law: section 5(c) of the Bank Holding Company Act (12 U.S.C. 1844(c)) and section 225.5(b) of Regulation Y [12 CFR 225.5(b)], by section 8 and section 13(a) of the International Banking Act of 1978 (12 U.S.C. 3106 and 3108(a)), and by section 25(a) of the Federal Reserve Act (12 U.S.C. 611-631). Return to the appropriate Federal Reserve Bank the original and **two** copies of the completed report.

Does an FR Y-7A accompany this report? Yes \_\_\_ No \_\_\_  
See Glossary on pages 7 and 8 for definitions of terms used herein.

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.

Public reporting burden for the information collection in the FR Y-7 is estimated to average 12.0 hours per response, including time to gather and maintain data in the required form and to review instructions and complete the information collection. Comments regarding this burden estimate or any other aspect of this information collection, including suggestions for reducing the burden, may be sent to Secretary, Board of Governors of the Federal Reserve System, Washington, D.C. 20551, and Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

## For Use by Tiered Foreign Banking Organizations

Tiered foreign banking organizations must list the names and locations of subsidiary foreign banking organizations below. Refer to instructions for filing by Tiered Foreign Banking Organizations on Page 1.

(If the Foreign Banking Organization has more than two tiers, please use additional pages as needed.)

A. For the fiscal year ending on \_\_\_\_\_, 19\_\_\_\_

Name of foreign banking organization: \_\_\_\_\_

Address of head office: \_\_\_\_\_

Street

City

Country

Name and address of authorized official in the United States: \_\_\_\_\_

Street

City

State

Zip Code

Area Code/Phone Number

I, \_\_\_\_\_  
Name Title

an authorized official of the company named above, hereby declare that this report has been examined by me and is true and complete to the best of my knowledge and belief.

\_\_\_\_\_  
Signature of Authorized Official

\_\_\_\_\_  
Date

B. For the fiscal year ending on \_\_\_\_\_, 19\_\_\_\_

Name of foreign banking organization: \_\_\_\_\_

Address of head office: \_\_\_\_\_

Street

City

Country

Name and address of authorized official in the United States: \_\_\_\_\_

Street

City

State

Zip Code

Area Code/Phone Number

I, \_\_\_\_\_  
Name Title

an authorized official of the company named above, hereby declare that this report has been examined by me and is true and complete to the best of my knowledge and belief.

\_\_\_\_\_  
Signature of Authorized Official

\_\_\_\_\_  
Date