

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):	I, Name and Title of Authorized Of	ficial	
Month / Day / Year	an authorized official of the company named above, hereby declar- that this report has been examined by me and is true and complet- to the best of my knowledge and belief.		
Legal Name of Foreign Banking Organization (Top-tier if multi-tiered organization)			
Mailing Address of the Foreign Banking Organization (Street / P.O. Box)			
Physical Location of Prinicpal Office (Not mailing address)	Signature of Authorized Official		
City / Country	Date of Signature		
Name, title, address and phone number of person in the U.S. to whom questions about this report should be directed:	Name, address and phone number of person who acts as agent fo service of process in the United States for the foreign banking organization:		
Name / Title	Name and Address of Agent in the United States		
Street	Street		
City / State / Zip Code	City / State / Zip Code		
Area Code / Phone Number Area Code / FAX Number	Area Code / Phone Number	Area Code / FAX Number	
Does the foreign banking organization request confidential treatment for any portion of the report? Yes No If the response is yes, a letter justifying the request must be provided in accordance with the instructions on page 2 of this report. Does this Annual Report represent the official filing of other members of a tiered foreign banking organization?	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.		

Yes ____ No ___

If the response is yes, complete page COV-2 listing the names of

Does an FR Y-7A accompany this report? Yes ___ No ___

See Glossary on pages 7, 8 and 9 for definitions of terms used

herein.

the other members of the tiered foreign banking organization.

Public reporting burden for the information collection in the FR Y-7 is estimated to average 11.1 hours per response, including time to gather and maintain data in the required form and to review instructions and complete the information collection. 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. 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 to the 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 legal names, mailing addresses, and physical location(s) of subsidiary foreign banking organizations below. Refer to instructions for filing by Tiered Foreign Banking Organizations on Page 1.

For the fiscal year ending on			
, , , , , , , , , , , , , , , , , , , ,	Month	Day Year	
Legal name of subsidiary foreign	banking organization:		
Mailing address of head office:			
Mailing address of flead office.	Street		
	City	Country	
Physical location of principal offic	e: Street		
(not mailing address)	Cilida		
	City	Country	
	Street		
	City	State	ZIP Code
	Area Code / Phone Number		Area Code / Fax Number
I.			
Name		Title	
an authorized official of the compa to the best of my knowledge and		that this report has been examined by m	e and is true and complete
	ignature of Authorized Official	Date	

For Use by Tiered Foreign Banking Organizations—continued

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

For the fiscal year ending on			
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Month	Day Year	
Legal name of subsidiary forei	gn banking organization:		
Mailing address of head office	:		
Ü	Street		
	City	Country	
Physical location of principal o	-		
(not mailing address)	Street		
	City	Country	
	Street		
	City	State	ZIP Code
	Area Code / Phone Number		Area Code / Fax Number
1			
Name		Title	
an authorized official of the corto the best of my knowledge a		that this report has been examined by me	and is true and complet
	Signature of Authorized Official	Date	