## Liquidation—Final Report

Federal Branc	ch, Limited Federal Branch, Federal Agency Identifying Information	
OCC L	icense No Date Liquidation Started Date Liquidation Completed	
Name		
Addres	(exac corpo ate ti of bank (offi address, street, city, state, ZIP Code, country)	or itle
Liquidating A	gent/Correspondent Identifying Information	
Name		
Addres	SS	
City	State ZIP Code	
Phone	No Fax No	
by (nar I/We, t attache knowle	<b>licable]</b> The liquidation occurred because of an acquisition of the assets and liabilitime the acquiring institution). The undersigned, being the (liquidating agent/liquidating committee), certify the ed* report of assets and liabilities to be a true statement, to the best of my/our edge and belief. Please release the Capital Equivalency Deposit held for the benefic CC to (name of foreign bank).	
Execut	ed this of,	
(Liquid	lating Agent) (Correspondent for Committee)	
(If there	e is a liquidating committee, every member should sign.)	

\*NOTE: The referenced report of assets and liabilities must be certified by a CPA and should reflect zero balances with the exception of the CED account.