

APPLICATION FOR CERTIFICATE OF AUTHORITY

**TO: *The Commissioner of Banking of the State of West Virginia
Charleston, West Virginia***

*The undersigned corporation hereby applies to the Commissioner of Banking for authority to engage
in the business of a state-chartered banking institution under the statutory provisions of the West Virginia State
Banking Code.*

Corporate Name

Address

By

Official Title

Submitted this _____ day of _____, 19 ____.

Please provide the following information:

- 1. Give the date and county in which your charter is recorded.*

- 2. When were your bylaws adopted? _____ Attach a certified copy of the minutes of the meeting at which the bylaws were adopted and include a copy of the bylaws if not a part of the minutes.*

3. ***When were your present directors elected? _____ Attach a certified copy of the minutes of the meeting at which your directors were elected. Attach signed Oath of Directors form for each Directors.***

4. ***List the names and residence of each of your directors and shares owned by each director in their own right: (Attach additional pages as necessary)***

<i>Directors</i>	<i>Shares</i>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
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_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

5. ***When were your present officers elected? _____ Attach a certified copy of the minutes of the meeting at which your officers were elected.***

6. *List the title, name, residence and salary of each of your officers: (Attach additional pages if necessary)*
Place an asterisk beside those officers deemed "Executive Officers." Board minutes should indicate approval of certain officers as Executive Officers.

7. *Give the following information concerning your capital stock:*

Par value of one share:

Number of shares authorized by corporate charter:

Number of shares issued at this time:

Attach stockholders list showing name, address and number of shares owned.

8. *Indicate your present capital structure:*

Capital Stock \$

Surplus \$

Undivided Profits \$

Capital Notes or Debentures \$

TOTAL CAPITAL ACCOUNTS \$

Attach a statement of your financial condition (balance sheet) duly verified under oath by your president or vice president and your cashier or secretary.

9. *On what date do you propose to start doing business as a financial institution?*

10. *Will your place of business be completed, furnished, and all security systems installed and operating on the above date? _____ If no, explain.*
11. *Provide proof of FDIC deposit coverage/approval.*
12. *Name the carrier for your fidelity bond and list the basic coverages and amount. Also, indicate insurance coverage on fixed assets, Directors and Officers liability coverage and other insurance coverage obtained. Attach certified copy of the minutes of the meeting at which insurance coverage attained was approved.*
13. *Indicate the name of your compliance officer, include a brief resume of experience and education.*
14. *List the name and address of the bank's external auditors and include a certified copy of the minutes of the meeting of the board meeting at which the external auditor was approved.*
15. *Provide copies of properly approved operating policies including, but not limited to, loans, investments, asset/liability management, bank secrecy, interbank liabilities, ethics, wire transfer, emergency preparedness, audit, data processing control and liquidity(if not made part of another policy).*
16. *Provide proof of membership in the Federal Reserve System, if applicable.*

17. **Phone number:** _____ **A.B.A. Transit No.**
18. **With regard to the bank's Electronic Data Processor, provide the following information:**
- a) **Name and address of the bank's processor:**

 - b) **Was a review of the processor's financial condition performed? Indicate the date information regarding the financial condition of processor was reported to the bank's board of directors.**

 - c) **Date of the last third party review of the processor's system of internal controls and name of company performing third party review.**

 - d) **Date of the processor's last financial audit and professional accounting firm which issued the audit report.**

 - e) **Date of the processor's last regulatory review/examination by a state or federal bank regulatory authority and name and address of the regulatory agency performing the review/examination.**

- f) *Does your institution's insurance coverage contain an Errors and Omissions rider for data processing functions?*
- g) *Does the processor have sufficient blanket bond coverage and property and liability coverage.*
- h) *Provide the date the processor was approved by the board of directors. _____*
19. *The Division of Banking maintains a contact database to facilitate quick and easy sharing of non-sensitive information with our state-chartered banks. In this regard, please provide a list of e-mail addresses for the bank's president/chief executive officer, the chief financial officer or the chief operating officer, and the information technology manager.*

The information contained herein is true and correct to the best of my knowledge and belief.

SIGNED: _____ **TITLE:**

DATE: _____

PHONE: _____

ATTEST: _____ **TITLE:**

DATE: