

ADDI ICATION INFORMATION.

MONTANA DEPARTMENT OF ADMINISTRATION

DIVISION OF BANKING AND FINANCIAL INSTITUTIONS



REQUEST FOR SUMMARY APPROVAL OF BRANCH

APPLICATION INFORMATION:		
Bank Name:		
Main Bank Address:		
City:		Zip:
Application Contact Person:	Title:	
Phone Number: Emai	1:	
BRANCH LOCATION:		
Official Name of Branch:		
Address:		
City:	State:	Zip:
Proposed Effective Date:		
I hereby certify that the bank listed above is a qualifying institution within	the meaning of AR	M 2.59.904 as of the date of this request
Signature:	Dat	e:
Print Name:		

Please remit request to the Division via email at <u>banking@mt.gov</u>.