



MONTANA DEPARTMENT OF ADMINISTRATION
DIVISION OF BANKING AND FINANCIAL INSTITUTIONS

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SHELL BANK CHARTER APPLICATION

Any individual or entity desiring confidential treatment of specific portions of the application must specifically identify the information for which they request confidentiality, separately bind it, and label it "Confidential." The individual or entity shall follow the same procedure for a request for confidential treatment for the subsequent filing of supplemental information to the application.

Inquiries concerning the preparation and filing of this or any other application with the department should be directed to the Montana Division of Banking and Financial Institutions at 406-841-2920 or by email at banking@mt.gov.

1. State the name, address, and phone number of the person(s) who will represent the applicant.
2. State the purpose for forming the proposed shell bank.
3. State the name and location of the proposed shell bank.
4. State the names and addresses of the organizer(s) and first board of directors of the proposed shell bank. See [32-1-322](#), MCA.
5. State the positions and names of the officers of the proposed shell bank.
6. Provide full details of the capital structure of the proposed shell bank including number and types of authorized shares, par value, total capital stock, surplus, and any other components of capital. Also, state the initial amount of reserves to be established, if any.
7. Describe in detail the entire transaction in which the shell charter is proposed to be used and identify the resulting bank after completion of the transaction.

We, the undersigned Board of Directors of the proposed shell bank, do solemnly swear or affirm that the statement and representations made herein are true and correct to the best of our knowledge and belief, and that the personal data and financial statements submitted with this application are true and correct and that this application is made in good faith, with the purpose and intent that the affairs and business of the proposed shell bank shall be honestly conducted upon good and sound business principles.

DIRECTOR NAME

ADDRESS

DATE

DIRECTOR NAME

ADDRESS

DATE

State of _____

County of _____

This record was signed and sworn to (or affirmed) before me on _____ by _____
(Date)

(Name of Individual(s))

(Official Stamp)

Signature of Notarial Officer

Printed name and title of officer (if not shown in stamp)

EXHIBITS

In order for the shell bank application to be considered complete, the following exhibits must be furnished:

1. Attach brief resumes of past business and banking or related experience of the principal shareholders, directors, and executive officers of the proposed shell bank. "Principal shareholder" means a person who directly or indirectly owns, controls, or holds (either individually or as a member of a group) the power to vote 10% or more of any class of voting securities or other voting equity interest of the entity.
2. If the proposed principal shareholders, directors, and executive officers are not currently serving as principal shareholders, directors, or executive officers of an insured depository institution, attach an Interagency Biographical and Financial Report for each person not currently so serving. The Interagency Biographical and Financial Report is available on the department's website at banking.mt.gov.
3. Attach a summary of the facts in support of the applicant's contention that the conditions for incorporation set forth in [32-1-242 and 32-1-244](#), MCA, are met.
4. Attach the proposed articles of incorporation and by-laws of the proposed shell bank.
5. Attach a copy of all agreements or plans which detail how the shell bank will be used in a merger or consolidation.

Please remit application to the Division via email at banking@mt.gov.