

## **DEPARTMENT OF FINANCIAL SERVICES**

Division of Treasury - Bureau of Collateral Management

## **APPLICANT INFORMATION**

Public Deposits Program

Institutional Informat	ion pursuant to	sections 280.02	2, 280.04 aı	nd 280.05, F.S.			
Applicant's Legal Nam	e:						
Institution Type:	□ Bank	□ Savings A	ssociation	Date Opened: MM _	DD	YY	
Charter Type:	□ Federal	☐ State	FEIN: _	ABA	ABA #:		
Main Office Address:							
Address:				City/State/Zip:			
Phone: ( )							
Mailing Address (If diff							
Address:				City/State/Zip:			
Contact Information				- ,			
Note: The individuals ide	ntified below will	be utilized as key	contacts for	your institution by the Public Dep Public Depository Change of Info			
Primary Contact (office	er/employee res	sponsible for the	institution's	s overall participation in the Pu	ublic Deposits	Program):	
Name:				_Title(s):			
Mailing Address:				_ City/State/Zip:			
Phone: ( )				Fax: ()			
E-mail address:							
Secondary Contact (pr	rinciple back-up	to the primary of	contact):				
Name:				_Title(s):			
Mailing Address:				_ City/State/Zip:			
Phone: ( )							
E-mail address:							
Other Information pu							
Is your institution organ	nized under the	laws of the Uni	ted States,	the laws of this state	□ Yes	□ No	
Is your institution authorized to accept deposits in the state of Flo				rida?	□ Yes	□ No	
Does your institution have deposit insurance under the Federal D					□ Yes	□ No	
Does your institution h reporting, and collatera			or accurate	identification, classification,	□ Yes	□ No	
Name & Title of person c	completing this fo	rm (please print)		Date			