



NC Commissioner of Banks
316 W. Edenton Street, Raleigh, NC 27603
4309 Mail Service Center, Raleigh, NC 27699-4309
Telephone: 919/733-3016 Fax: 919/733-6918 Internet: www.nccob.gov

APPLICATION FOR AUTHORITY TO ACT AS FIDUCIARY WITHOUT BOND

In accordance with the provisions of N.C.G.S. §53-160, *et. seq.*, ,

_____ Name of applicant bank or trust company

_____, ("Applicant") hereby applies for license to act as Guardian,
_____ City and State of principal office

Trustee, Assignee, Receiver, Executor or Administrator, in the State of North Carolina for the year ending December 31, 20_____.

Applicant certifies that the amount of its capital fund as of September 30th, as defined by N.C.G.S. §53C-1-4(12), is
\$_____.

(N.C.G.S. §53C-1-4(12) Capital – An amount equal to the bank’s “total capital” as that term is used by the FDIC in 12 C.F.R. Part 325; provided, that if the term “total capital” is replaced by a term including substantially the same elements as “total capital,” the term “capital” as used in this Chapter shall mean an amount equal to the amount calculated by application of the definition of such replacement term.

IN WITNESS WHEREOF, this application has been executed by _____,
_____ Name of Officer

_____, this the ___ day of _____, 20____.
_____ Officer's Title

Attest _____
_____ Corporate Secretary

Name and Address of Bank or Trust Company

Phone Number:

Fax Number:

**Submit completed application with a check in the amount of \$500.00 payable to:
Department of Commerce / Banking Commission**