

Form 309
(Revised 05/11)

Submit in duplicate to:
Secretary of State
P.O. Box 13697
Austin, TX 78711-3697
512 463-5555
FAX: 512/463-5709

Filing Fee: [See Instructions](#)



**Application for
Registration of an
Out-of-State Financial
Institution**

This space reserved for office use.

1. The name of the foreign financial institution is:

Provide the full legal name of the entity as stated in the entity's formation document in its jurisdiction of formation.

2. Its federal employer identification number is: _____

☐ Federal employer identification number information is not available at this time.

3. It is formed under the laws of: _____

State or foreign country. If federally chartered, United States.

and the date of its formation in that jurisdiction is: _____

mm/dd/yyyy

4. The financial institution is a: (choose only one)

- ☐ Bank
- ☐ Savings Bank
- ☐ Savings and Loan Association
- ☐ Credit Union
- ☐ Trust Company

- ☐ Federal Bank
- ☐ Federal Savings Bank
- ☐ Federal Savings and Loan Association
- ☐ Federal Credit Union

5. The purpose or purposes of the financial institution that it proposes to pursue in the transaction of business in Texas are set forth below.

The financial institution also certifies that it is authorized to pursue such stated purpose or purposes in the state or country under which it is organized.

6. As of the date of filing, the undersigned certifies that the financial institution currently exists as a valid financial institution of the type designated in this application under the laws of the jurisdiction of its formation.

7. The principal office address of the financial institution is:

Address City State Country Zip/Postal Code

Complete item 8A or 8B, but not both. Complete item 8C.

☐ 8A. The initial registered agent is an organization (cannot be institution named above) by the name of:

OR

☐ 8B. The initial registered agent is an individual resident of the state whose name is:

First Name *M.I.* *Last Name* *Suffix*

8C. The business address of the registered agent and the registered office address is:

TX

Street Address *City* *State* *Zip Code*

9. The name and address of each governing person is:

Governing Person 1				
<i>First Name</i>	<i>M.I.</i>	<i>Last Name</i>	<i>Suffix</i>	
<i>Street or Mailing Address</i>	<i>City</i>	<i>State</i>	<i>Country</i>	<i>Zip Code</i>

Governing Person 2				
<i>First Name</i>	<i>M.I.</i>	<i>Last Name</i>	<i>Suffix</i>	
<i>Street or Mailing Address</i>	<i>City</i>	<i>State</i>	<i>Country</i>	<i>Zip Code</i>

Governing Person 3				
<i>First Name</i>	<i>M.I.</i>	<i>Last Name</i>	<i>Suffix</i>	
<i>Street or Mailing Address</i>	<i>City</i>	<i>State</i>	<i>Country</i>	<i>Zip Code</i>

Governing Person 4				
<i>First Name</i>	<i>M.I.</i>	<i>Last Name</i>	<i>Suffix</i>	
<i>Street or Mailing Address</i>	<i>City</i>	<i>State</i>	<i>Country</i>	<i>Zip Code</i>

Effectiveness of Filing (Select either A, B, or C.)

A. ☐ This document becomes effective when the document is filed by the secretary of state.

B. ☐ This document becomes effective at a later date, which is not more than ninety (90) days from the date of signing. The delayed effective date is: _____

C. ☐ This document takes effect upon the occurrence of a future event or fact, other than the passage of time. The 90th day after the date of signing is: _____

The following event or fact will cause the document to take effect in the manner described below:

Execution

The undersigned affirms that the person designated as registered agent has consented to the appointment. The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument and certifies under penalty of perjury that the undersigned is authorized under the provisions of law governing the entity to execute the filing instrument.

Date: _____

Signature of authorized person (see instructions)

Printed or typed name of authorized person.