State of South Carolina
Board of Financial Institutions
Office of the Commissioner of Banking

NOTIFICATION OF ROBBERY

FINANCIAL INSTITUTION INFORMATION:

Name of Institution		
Headquarters Address		
City	**State**	**Zip Code**
Contact Person, Title	**Phone Number**	**Email Address**

ROBBERY INFORMATION:

Official Name of Branch Office Where Robbery Took Place	**Date of Robbery**	**Suspects Apprehended?** ☐ **Yes** ☐ **No**
Street Address		
City	**State**	**Zip Code**
Description of Incident (Please Indicate if any Institution Personnel were Harmed)		
Amount of loss, if known		
Was Bonding Company Notified? ☐ **Yes** ☐ **No**	**Amount of Insurance**	**Deductible**
Additional Information		

CONFIDENTIAL

Exempt from Disclosure under FOIA