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

PROPERTY PURCHASE REQUEST

FINANCIAL INSTITUTION INFORMATION:

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

PROPERTY INFORMATION:

Street Address		
City	**State**	**Zip Code**
Property Purchase Price $	**Size of Lot**	**Square Footage of Building**
Purpose		

Please attach a copy of the option to purchase the property or a copy of the proposed lease agreement. Information regarding any involvement of any officer, five percent shareholder, or their interests, if any, should be provided.

_____ _____

Officer's Signature **Date**