

**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	Suspects Apprehended? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address		
City	State	Zip Code
Please Indicate if any Institution Personnel were Harmed During the Robbery		
Amount of loss, if known		
Was Bonding Company Notified? <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount of Blanket Bond \$	Deductible \$
Additional Information		