



WASHINGTON
Secretary of State
Corporations & Charities Division

Corporations & Charities Division
Physical/Overnight address:
801 Capitol Way S
Olympia, WA 98501-1226
Mailing address:
PO Box 40234
Olympia, WA 98504-0234
Tel: 360.725.0377
www.sos.wa.gov/corporations

INSTRUCTIONS: FOREIGN REGISTRATION STATEMENT RCW 30A, 30B, 32, 33, or 31.12

Purpose: A Foreign Registration Statement is used by banks, savings & loan, or credit unions whose home state is a different state or country for the purpose of registering to do business in Washington State. Home state refers to the place where the business's creation documents were filed.

General Instructions: Use dark ink only. Complete the entire form and enter all requested information in the fields provided. A fillable .pdf version of this form is available for download at www.sos.wa.gov/corporations

Mail: Send the completed form and payment to the address listed above.

Payment: Make checks or money orders payable to "Secretary of State." Checks cannot be backdated more than 60 days from the date the check is received.

Fees: The filing fee is \$180 for all Bank business types, \$180 for Savings & Loan business types, and \$30 for Credit Union business types.

Expedited Service: If expedited service is requested, an *additional* \$100 must be added to the filing fee. Check the box indicating expedited service on page one.

ALL FILING FEES ARE NON-REFUNDABLE. ALL DOCUMENTS ARE PUBLIC RECORD.

Required: A Certificate of Existence/Good Standing or document of similar import from the home jurisdiction issued no more than 60 days before the date of submission must be attached to this filing. Failure to do so will result in the Foreign Registration Statement being returned for correction. Contact your Secretary of State or your keeper of corporate records for instructions on obtaining this document.

(1) Unified Business Identifier (UBI): If the business has previously filed with another state agency such as the Department of Revenue, the Department of Labor and Industries, or the Employment Security Department, the business may already have a 9-digit UBI number that can be entered. If the business does not have a UBI number, select "No" and continue with the filing. If "No" is selected, the business will be issued a UBI number upon successful completion of the filing.

(2) Business Name: Provide the name for review. If a name has been reserved and a Name Reservation Number has been provided, enter the Number and Name in the appropriate section. If a Name Reservation has not been provided select "No". Enter the name as it appears on the Certificate of Existence or document of similar import from the governing body.

(3) Jurisdiction: Enter the home state or country under whose law the organic documents are filed.

(4) Date Began Doing Business: Select the date the business began or will begin doing business in Washington State.

(5) Business Type in Home Jurisdiction: Select the type of structure the business is filed as in the home jurisdiction.

(6) Required Supplemental Documents: For all Bank business types, Savings Banks, and Savings and Loans it is required to have Department of Financial Institutions (DFI) approval stamp on the documents. If a Credit Union, unless a Federal Credit Union, either the approval stamp from DFI or a letter of no objection.

(7) Principal Office: Enter the principal office address. This is the place where the business's records are kept. This address must be a physical address. A PO Box or PMB will not be accepted. The address does not need to be in Washington State.

(8) Governors: List the individuals/businesses responsible for governing the business. Attach additional pages if necessary. A business cannot serve as its own governor. A governor is commonly a business/individual who has the authority to make decisions on behalf of the business.

(9) Date of Formation: Enter the date of formation as recorded in the home jurisdiction.

(10) Period of Duration in Home Jurisdiction: Enter the business's period of duration as it is recorded in the home jurisdiction.

(11) Nature of Business: Enter a brief description of the type of business the business conducts in Washington State.

(12) Effective Date: Select the date this filing is to be effective. If "Date of Filing" is selected, the effective date will be the date the submission is completed by our office. A future effective date may be specified which may not be more than 90 days **after** the date of filing.

(13) Return Address for this Filing: If provided, the confirmation regarding this specific filing will be sent to this address, in addition to the Registered Agent's address.

(14) Authorized Person: Sign, print, provide the signer's title, and date the document.

For a rapid response to questions, requests for assistance, or to provide feedback, please visit the Corporations and Charities website at www.sos.wa.gov/corporations to chat with a representative.



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THIS BOX FOR OFFICE USE ONLY

Select only ONE filing fee option

- ☐ Bank Filing Fee \$180
- ☐ Savings Bank Filing Fee \$180
- ☐ Savings and Loans Filing Fee \$180
- ☐ Credit Union Filing Fee \$30
- ☐ To Expedite Filing, Add \$100

FOREIGN REGISTRATION STATEMENT

Bank Corporation and Bank Limited Liability Company - [RCW 30A](#) & [RCW 30B](#)

Savings Bank or - [RCW 32](#)

Savings and Loan Association - [RCW 33](#)

Credit Union - [RCW 31.12](#)

All fields REQUIRED unless otherwise specified

(1) Do you already have a UBI No.? (Check one) ☐ Yes ☐ No If Yes, provide UBI No.: _____

If you have previously filed with another state agency (for example, the Department of Revenue, the Department of Labor and Industries, or the Employment Security Department), you may already have a 9-digit UBI Number you can provide. **Do not** enter the UBI Number of a Sole Proprietorship or General Partnership.

If you do not have a UBI Number, a UBI Number will be issued to you upon successful completion of the filing.

(2) BUSINESS ENTITY NAME:

Name must match the name listed on the Certificate of Existence or document of similar import

Does the business have a name reserved? (Check one) ☐ Yes ☐ No If Yes, provide the Name Reservation Number
Reservation Number: _____

(3) JURISDICTION: Country: _____ State: _____

(4) DATE BEGAN DOING BUSINESS IN WASHINGTON: Check ONE of the following:

☐ Date of filing ☐ Specify a date _____

(5) BUSINESS TYPE IN HOME JURISDICTION: (Check one)

☐ Bank Corporation ☐ Bank Limited Liability Company ☐ Savings Bank ☐ Savings & Loan Assoc ☐ Credit Union

(6) REQUIRED SUPPLEMENTAL DOCUMENTS:

- Bank Corporations or Bank Limited Liability Companies: Required to submit documents with a DFI approval stamp.
- Savings Bank and Savings & Loans Assoc: Required to submit documents with a DFI approval stamp.
- Credit Unions: Required to submit documents with a DFI approval stamp or a letter of no objection unless it is a Federal Credit Union.

REQUIRED: A Certificate of Existence or document of similar import from the governing body issued no more than 60 days before the date of submission must be attached to this filing. Failure to do so will result in the Foreign Registration Statement being returned for correction. Contact your governing body for instructions on obtaining this document.

(7) PRINCIPAL OFFICE: The location where the business's records are kept

Street Address *(required)*

Must be a physical address; No PO Box or PMB

Address: _____

Zip: _____ City: _____

State: _____ Country: _____

Mailing Address *(optional)*

☐ Check if mailing address is the same as street address

Address: _____

Zip: _____ City: _____

State: _____ Country: _____

Phone: _____ **Email:** _____

(8) GOVERNOR(S): List at least one, attach additional pages if necessary. **A business cannot serve as its own Governor**

Name: _____ **Name:** _____

Name: _____ **Name:** _____

(9) DATE OF FORMATION IN HOME JURISDICTION: _____

(10) PERIOD OF DURATION IN HOME JURISDICTION: Check ONE of the following

☐ This Company shall have a perpetual duration (default) ☐ This Company shall have a duration of _____ years.

☐ This Company shall expire on _____

(11) NATURE OF BUSINESS: Briefly describe the type of business your business conducts in the state of Washington

(12) EFFECTIVE DATE:

☐ Date of filing (default) this is the date that the submission is completed by our office

☐ Specify a date _____ (cannot be more than 90 days following the received date)

(13) RETURN ADDRESS FOR THIS FILING: *(Optional)*

If provided, the confirmation regarding this specific filing will be sent to the address below, in addition to the Registered Agent's address.

Attention: _____ **Email:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

(14) AUTHORIZED PERSON:

I hereby certify, under penalty of law, that the above information is accurate and complies with the filing requirements of state law.

Signature of Authorized Person

Printed Name/Title

Date