



Corporate Application Filing Entry System (CAFE) COORDINATOR DESIGNATION

Please provide the information specified below. Unless otherwise noted, all fields are mandatory. A separate form must be completed for each individual requesting designation as coordinator.

Submit the completed form via email (preferred submission method) to the Corporate Activities Division by printing and scanning the completed form, then attaching the scanned file to an email using your preferred email client. Email: xgarcia@dob.texas.gov

Or print and mail/fax the completed form to:

Corporate Activities Division, 2601 N Lamar Blvd., Austin, TX 78705 • Fax: 512-475-1313 • Phone: 512-475-1310

Requested Action: New Coordinator Coordinator Revocation Change Coordinator

Organization Information

Organization Name: _____

City: _____ State: _____ Zip: _____

Coordinator Profile

Name: _____ Job Title: _____

Street address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

AUTHORIZATION: On behalf of our organization, I designate the above-named individual as a coordinator. He or she is responsible for communications between our organization and the Texas Department of Banking (DOB) related to the Corporate Application Filing Entry System (CAFE). The coordinator may designate individuals from our organization to be issued user credentials for CAFE. The coordinator is also authorized to add and remove users from the organization's group. Because group users can view filings submitted on behalf of the organization, including any documentation included with the filing, the coordinator shall promptly notify the DOB any time a group user leaves employment with our organization. The DOB may rely on this authorization until it receives a written amendment or revocation of this authorization.

I represent and warrant that I am duly authorized to execute this document on behalf of the organization named above, and to appoint the coordinator named above as an agent of the organization for the limited purposes described in this document.

Signature of authorized representative

Date

Typed or printed name

Title

Phone number

Email