

Kansas Department of Credit Unions BRANCH APPLICATION FOR CREDIT UNIONS

Mark the box that applies:

- New Branch

- Relocate an Existing Branch

(Name of Credit Union)

(Current Street Address and Mailing Address of Main Office)

(Name and Telephone Number of Person to Contact Regarding this Application)

Submit the original application to:

**Administrator
Kansas Department of Credit Unions
700 SW Jackson Street, Suite 803
Topeka, Kansas 66603**

E-mail: kdcu.office@ks.gov
FAX (785) 296-6830

Credit unions rated a CAMEL 3, 4, or 5 on the current examination must provide the information contained within 1 thru 8.

Credit unions rated a CAMEL 1 or 2 are not required to provide information 1 thru 7.

1. Describe how the operation of the proposed branch office will be within the field of membership of the credit union and provide supporting information or documentation.
2. State whether the proposed branch office and associated fixed asset costs will cause the credit union to exceed the limitations of K.S.A. 17-2226. (Note: If additional costs of the proposed branch office when added to current fixed assets, equal more than 5% of the credit unions shares, reserves and undivided earnings, a letter requesting permission to exceed the 5% limit will need to be submitted to the Administrator). Itemize the projected dollar investment in real property, improvements and equipment.
3. Provide a copy of the credit union's most recent balance sheet and income statement.
4. Provide an analysis of the credit union's loan portfolio demonstrating the credit union is not exceeding the limitations on member business loans provided in 12 U.S.C. Section 1757a, and amendments thereto.
5. Describe the services to be provided at the proposed branch.
6. Describe the probability of usefulness and success of the proposed branch.
7. Provide any additional information or comments, not requested in the above items, if it is deemed appropriate to support the need for the proposed branch.
8. Provide proof of publication, regarding the notice of application. (See attached information).

Questions concerning this application are to be addressed to:

Kansas Department of Credit Unions
700 SW Jackson Street, Suite 803
Topeka, Kansas 66603
Email: kdcu.office@ks.gov
Office: (785) 296-3021
FAX: (785) 296-6830

ATTESTATION

Applicant affirms that the information contained in this application has been prepared at the direction of the Board of Directors and that it is accurate and complete to the Applicant's best knowledge and belief.

(Credit Union)

By _____
(Authorized Officer)

(Title)

Important Approval Requirements

1. This notice, or one similar to it, must be published on the same day of two consecutive weeks in a newspaper of general circulation in the county where the applicant proposes to locate the branch before the application can be approved.
2. Proof of publication must be submitted to the Administrator, Kansas Department of Credit Unions as condition of approval.

NEW BRANCH LOCATION

(Name of credit Union)

(Street address)

(City)

_____, _____
(State)

intends to file or has filed (circle one) an application with the Kansas Department of Credit Unions for permission to establish or relocate a branch office to be located at

(Street address)

(City)

_____, _____
(State)