



## Application for Authority for a Foreign Credit Union to Operate a Credit Union Branch Office in Missouri

<b>Applicant Credit Union</b>	Credit Union Name			
	E-mail Address		Phone Number	
	Headquarters Mailing Address			
	City	State	Zip Code	Charter Number
	Name of CEO/President			
	E-mail Address		Phone Number	
	Alternate Point of Contact (if applicable)			

<b>CU Data</b>	Total Assets as of Date Filed	Estimated number of persons expected to be eligible to be served from this branch
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<b>Branch Office</b>	Branch Name			
	Branch Mailing Address			
	City	State	Zip Code	Phone Number
	Is the branch office located in a sponsor's facility? Yes                      No		If yes, what is the name of the sponsor?	

**Acknowledgments**

The Credit Union is aware that all deposits in Missouri, up to the maximum limit, are to be federally insured by the National Credit Union Share Insurance Fund: Yes      No

As found in RsMO 370.190, the Credit Union is aware, if authorization is given, it must abide by Missouri limits on loan interest rates, pay all annual fees on assets held in Missouri as prescribed by section 370.107, follow all provisions of Missouri law relating to credit unions, and allow the director of the Division of Credit Unions to examine its records and affairs: Yes      No

**Additional Information**

Please submit the following information with this application:

- A letter from the applicant's Home State Regulator indicating no objection to the establishment of a branch office in Missouri.
- Evidence of NCUSIF insurance.
- Evidence of fidelity bond coverage.
- Known or estimated date of branch opening.

**Signature**

Name	Title
Signature _____	Date _____