

SNC REPORTING BANK CONTACT FORM*

Please email your completed form to KC.SRM.SNC.Reporting@kc.frb.org

Institution Name: _____

We acknowledge receipt of the request for information on Shared National Credits as of quarter-end _____ (mm/dd/yyyy).

No Agented credits to report for the above reporting date.

SNC Contact Signature†: _____

* Please provide all contact information on the following pages regardless of whether your institution has any SNCs to report for this period.

† Physical signature provided must be from one of the contacts listed below in the SNC Exam Contacts section.

SNC Reporting Contact

During the data collection process, you may contact the person below with regard to the input, deletion, and submission of SNC data using the eSNC application. If the eSNC contact changes, the institution will need to fill out a new token access control form[‡].

Primary eSNC Contact:

Name: _____

Department: _____

Phone Number: _____

E-mail: _____

Fax: _____

Mailing Address:
(Please do not use a
P.O. Box) _____

Secondary eSNC Contact:

Name: _____

Department: _____

Phone Number: _____

E-mail: _____

Fax: _____

Mailing Address:
(Please do not use a
P.O. Box) _____

[‡] See eSNC Report Submission Access section of the [SNC Website](#).

SNC Exam Contacts

The following person(s) may be contacted to coordinate the Shared National Credit Examination, handle correspondence to and from your primary regulator, and to answer questions regarding credits agented and/or reviewed at your organization.

SNC Contact:

Name:

Department:

Phone Number:

E-mail:

Fax:

Mailing Address:

(Please do not use a
P.O. Box)

Physical Signature:
(required)[§]

SNC Contact (Alternate):

Name:

Department:

Phone Number:

E-mail:

Fax:

Mailing Address:

(Please do not use a
P.O. Box)

Physical Signature:
(required)[§]

[§] Physical signature required (electronic signature is not valid)

SNC Results Contacts

Please provide the following information for the primary and secondary contacts you wish to receive Shared National Credit results. Please note that exam results can only be provided to a maximum of two contacts. If your Institution cannot/will not receive results electronically, please provide a mailing address.

Primary Contact:

Name: _____

Department: _____

Phone Number: _____

E-mail: _____

Fax: _____

Mailing Address

*(Please do not use a
P.O. Box):*

Secondary Contact:

Name: _____

Department: _____

Phone Number: _____

E-mail: _____

Fax: _____

Mailing Address:

*(Please do not use a
P.O. Box):*
