



STATE OF KANSAS OFFICE OF THE STATE BANK COMMISSIONER

APPLICATION FOR ELIGIBLE BANKS

Mark the box which applies:

- Mobile Branch (K.S.A. 9-1111)
 Bank Owned Courier Service (K.S.A. 9-1111)

Mobile Branch – A mobile banking unit that stops at predetermined locations to conduct branching activities, defined as activities or items related to the receipt of deposits, payment of checks, lending of money or exercise of trust authority.

Courier Service – Any service offered by a state bank to its customers to pick up from and deliver to specific customers items related to transaction between the bank and such customers.

(Name of Bank)

(Current Street Address and Mailing Address of Main Office)

(City, County, State, Zip Code)

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

An original application and the applicable filing fee should be submitted to:

Office of the State Bank Commissioner
700 SW Jackson Street, Suite 300
Topeka, Kansas 66603-3796

Remittance of a filing fee of \$1,000, is required pursuant to K.A.R. 17-22-1. It should also be understood that the cost of on-site examinations or investigations in connection with this application will be the responsibility of the applicant.

The application is available to members of the public, subject to limitations imposed by federal or state statutes.

If the applicant is of the opinion that disclosure of commercial or financial information would likely result in substantial harm to the competitive position of the bank, or that disclosure of information of a personal nature would result in a clearly unwarranted invasion of personal privacy, confidential treatment of such information may be requested.

Information for which confidential treatment is requested should be (1) specifically identified in the public portion of the application (by reference to the confidential section), (2) separately bound, and (3) labeled "Confidential."

CONFIDENTIAL

Pursuant to K.S.A. 9-1111 and for purposes of processing this application, eligible banks must meet certain criteria. Please complete the following:

- (1) The bank must have received a composite rating of 1 or 2 under the uniform financial institutions rating system as a result of its most recent federal or state examination;

Date of Last Examination and Composite Rating: _____

- (2) The bank must meet the following three criteria for a well capitalized bank, as reported on the most recent Report of Condition:

- a. Has a total risk based capital ratio of 10% or greater;

Total risk based capital ratio and date of Report of Condition: _____

- b. Has a tier one risk based capital ratio of 6% or greater;

Tier one risk based capital ratio and date of Report of Condition: _____

- c. Has a leverage ratio of 5% or greater;

Leverage ratio and date of Report of Condition: _____

- (3) The bank cannot be subject to a cease and desist order, consent order, prompt corrective action directive, written agreement, memorandum of understanding or other administrative agreement with its primary Federal regulator or the Office of the State Bank Commissioner.

Is the bank subject to any regulatory action? _____

I hereby certify that the above information is correct.

(Bank)

By:

Title:

Date:

Please submit the following information with regard to the proposed mobile branch or bank owned courier service. The State Bank Commissioner may request more information, if deemed necessary.

1. Describe services the bank proposes to offer through the mobile branch or bank owned courier service.
2. Describe the geographic area to be served.
For a mobile branch, include a description of locations and the schedule proposed to be established.
For a bank owned courier service, include a general description of the locations where the courier service will operate.
3. Describe the physical assets to be acquired to operate the mobile branch or bank owned courier service. State whether the proposed fixed asset costs comply with applicable statutory limits. (NOTE: If additional costs when added to current fixed assets, equal more than 50% of the bank's capital accounts as defined, a letter requesting permission to exceed the 50% limit will need to be submitted to the State Bank Commissioner. The letter should also explain how compliance with K.S.A. 9-1102(a)(3) will be achieved.)
4. Describe any additions and/or changes in staff and management for the proposed mobile branch or bank owned courier service.
5. Explain how the proposed mobile branch or bank owned courier service will be useful and describe the chances for success, including the impact the mobile branch or bank owned courier service will have on the overall condition of the bank.
6. Provide a copy of the mobile branch or bank owned courier service operating procedures.
7. Provide proof of adequate insurance coverage for the level of risk involved with the mobile branch or bank owned courier service.
- 8.. Provide a copy of the application made to the bank's primary Federal regulator.
9. Provide proof of publication, regarding the notice of application. (See attached information.)
10. Provide any additional information or comments, not requested in the above items, if it is deemed pertinent to support the need for the proposed mobile branch or bank owned courier service.

Questions concerning this application may be addressed to:

Dana S. Hampton, Director of Corporate Activities
Office of the State Bank Commissioner
700 SW Jackson Street, Suite 300
Topeka, Kansas 66603-3714
(785) 296-2266 FAX (785) 296-0168

In support of this application, applicant has hereby made the aforementioned statements and representations, and submits this information, based upon the factors as outlined for the purpose of inducing the State Bank Commissioner of the State of Kansas to approve the application for the previously listed Kansas bank.

Applicant hereby authorizes the State Bank Commissioner of the State of Kansas to conduct any investigation, examination or review of the condition of the applicant bank and to provide any other material as requested by the State Bank Commissioner.

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.

(Applicant)

By _____
(Authorized Officer)

Title _____

(SEAL)

ATTEST:

(Corporate Secretary)