

Template: Respond to Incomplete Application for Change of Officials

Date

Ms. Jane Smith [Applicant]
Address
City, State Zip

Dear Ms. Smith:

Pursuant to Part 212 of the Federal Credit Union Act and Sections 701.14 and 747 (Subpart J) of the National Credit Union Administration rules and regulations, we reviewed the information provided on your qualifications to serve on the board of directors of the ABC Federal Credit Union.

Our review indicated that your application is incomplete. You did not provide your employment history and left the questions in Section XX unanswered. Please complete these sections of your application and resubmit the form for our review.

In order to reconsider your application, please complete these sections and resubmit the form within 30 days from receipt of this letter. Please contact examiner [examiner name] at [phone number] with any questions.

Sincerely,

[NAME]
Director of Supervision

[Office]/[WRITER'S INITIALS]
SSIC XXXX
Charter #

cc: John Doe, ABC FCU Chairperson
SE
EX
SSA (when applicable)