

(For Internal Use only)
 Application Number: _____
 Date Received: _____
 Received by: _____

APPENDIX C-3
REQUEST FOR FUNDS
NATIONAL CREDIT UNION CENTRAL LIQUIDITY FACILITY

1) Name of Credit Union: _____

2) Identification Number: _____
 (Enter Charter/ Insurance number)

3) Person Requesting Funds: _____
 (Must be person authorized by the Board of Directors to transact business with the Facility.)

4) Provide a complete statement of the specific PURPOSE for the request and the nature of the conditions which support the purpose. Be specific and attach additional information or continue on another page:

5) Amount of Funds requested: _____

6) When do you expect to need the funds? (Provide a specific date or dates and amounts required on the stated dates if funds are to be advanced over a period of time rather than in one lump sum):

7) When do you expect to repay the funds requested? (Provide a specific maturity period & date of expected payment.)
 Maturity period: _____ Date to be repaid: _____

8) How will the loan be repaid? Provide the specific source of repayment and repayment plan. Attach additional sheet if necessary.

9) Has the credit union agreed or committed to purchase any investments or loans? Yes No (Provide details of any such commitments including the date to be honored and amount.)

10) Categorize your borrowing from other sources on the following schedule. If your credit union issues promissory notes to individual, lump the total dollar amount outstanding by maturity category.

		Assets Pledged:		
		Description		Book Value
a.	Maturity 180 days or less	\$		\$
b.	Maturity 181 days to 1 year	\$		\$
c.	Maturity greater than 1 year	\$		\$
TOTALS		\$		\$

***The CLF may not collect this information, and you are not required to complete this form unless it displays a currently valid control number. Estimated time to complete this form is 1 hour.

