

**FEDERAL RESERVE BANK OF KANSAS CITY**  
**Statistics, Structure and Reserves**

Please email completed form(s) to the Shared National Credit Business Office: [kcstats@kc.frb.org](mailto:kcstats@kc.frb.org) (Subject: eSNC Access Control Form)

## eSNC ACCESS CONTROL FORM

*This form is required to add, update, or delete eSNC User profiles at the Federal Reserve Bank of Kansas City.  
Please use a separate form for each eSNC User.*

### USER INFORMATION

User Name: \_\_\_\_\_ (First Middle Last)

Title: \_\_\_\_\_

Institution: \_\_\_\_\_

Action Requested:       New User  
(check one)               Update User  
                                  Delete User

Access Requested:       Level 1 Access (User may enter SNC Data but may not submit it.)  
(check one)               Level 2 Access (User may enter and submit SNC Data.)

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_

State (or Province): \_\_\_\_\_ Zip Code: \_\_\_\_\_

Country: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

I have read and agree to the terms of the attached eSNC Access Agreement. If I am requesting Level 2 Access, I hereby warrant and represent that I, as an eSNC User, have the authority to act on behalf of the above-named Institution and submit SNC Data as a representative of the Institution.

\*User Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SNC CONTACT INFORMATION**

*(Must be completed by the Institution's SNC Contact, as identified on the most recently filed SNC Reporting Bank Contact Form.)*

SNC Contact Name: \_\_\_\_\_ *(First Middle Last)*  
Title: \_\_\_\_\_  
Institution: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

I authorize the above-named User to use eSNC. If the User is requesting Level 2 Access, I hereby warrant and represent that the User has the authority to act on behalf of the above-named Institution and submit SNC Data as a representative of the Institution.

\*SNC Contact Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**AUTHORIZING OFFICER INFORMATION**

*(If the User is requesting Level 2 Access but neither the User nor the SNC Contact is an officer of the Institution, this section must be completed by the officer under whose direction and authority the User acts. Otherwise, this section may be left blank.)*

Officer Name: \_\_\_\_\_ *(First Middle Last)*  
Title: \_\_\_\_\_  
Institution: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

I hereby warrant and represent that the above-named User has the authority to act on behalf of the above-named Institution and submit SNC Data as a representative of the Institution.

\*Authorizing Officer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

User ID: \_\_\_\_\_ *(To be completed by FRBKC)*