



## NC Commissioner of Banks

Location: 316 W. Edenton Street, Raleigh, NC 27603  
Mailing Address: 4309 Mail Service Center, Raleigh, NC 27699-4309  
Telephone: 919/733-0589 Fax: 919/733-2978 Internet: www.nccob.org

### Mortgage: Post Examination Survey

(Name of licensee)  
(Address of licensee)  
(Date of examination)

License #

Completed by

Date

#### Part I: Examiner

Examiner	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree
1. The examiner described the examination scope and objectives effectively.					
2. The examiner was knowledgeable about your institution.					
3. The examiner demonstrated a thorough understanding of compliance issues.					
4. The examiner was responsive to your questions and concerns.					
5. The examiner communicated effectively with management throughout the examination.					
6. The examiner conducted work in a professional manner.					
7. The examiner conducted work in a fair and objective manner.					
8. You are overall satisfied with the examiner's work.					

9. Please provide any recommendations or comments you may have regarding the examiner and details to a response given above where any level of disagreement was indicated:

**Part II: Examination Process**

<b>Examination Process</b>	<b>Strongly Agree</b>	<b>Agree</b>	<b>Neither Agree or Disagree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>
10. The examination scope included a thorough review of state regulatory compliance.					
11. All major findings of the examination were discussed thoroughly with you prior to the examiner leaving your institution.					
12. The examination findings were useful and will assist you in enhancing your compliance policy and procedures.					
13. You are overall satisfied with the examination process.					

14. What aspects of the examination process were most useful?

15. What aspects of the examination process could be improved?

16. Please provide any recommendations or comments you may have regarding the examination process and details to a response given above where any level of disagreement was indicated:

17. Survey completed by (name & title): \_\_\_\_\_

18. Telephone number: \_\_\_\_\_

19. Would you like us to call you to follow up? Yes  No

Please return this survey by fax or mail to: Office of the Commissioner of Banks  
 Attention: Karen Brinkley.  
 4309 Mail Service Center  
 Raleigh, NC 27699-4309  
 (919-733-2978)