

[Your Name/Organization Name]
[Your Address]
[City, State, Zip Code]
[Date]

[Recipient Name]
[Title]
[Institution Name]
[Address]
[City, State, Zip Code]

RE: Formal Request for Capital Restoration Plan

Dear [Recipient Name],

Based on our recent review of [Institution Name]'s financial statements and capital adequacy ratios as of [Date], it has been determined that the institution's capital levels have fallen below the minimum regulatory requirements.

Pursuant to [Relevant Regulation or Statute], we hereby formally request the submission of a comprehensive Capital Restoration Plan (CRP). This plan must outline the specific actions the institution will take to restore its capital to a "well-capitalized" level.

The Capital Restoration Plan should include, but is not limited to, the following elements:

- A detailed analysis of the institution's current financial condition.
- Specific strategies for increasing capital (e.g., asset sales, issuance of new shares, or retention of earnings).
- Quarterly financial projections for the duration of the plan.
- A timeline for achieving compliance with regulatory capital thresholds.
- A description of the controls put in place to limit risk during the restoration period.

Please submit the completed Capital Restoration Plan for review no later than [Deadline Date]. Failure to submit an acceptable plan within this timeframe may result in further supervisory actions.

Should you have any questions regarding the requirements for this plan, please contact [Point of Contact Name] at [Phone Number/Email].

Sincerely,

[Signature]

[Your Printed Name]
[Your Title]