



for the year ended:

Financial Institution

Full Name:

Head Office Address: (Street Number, City, Province, Postal Code)

Mailing Address: (Street Number, City, Province, Postal Code) if different

Telephone:

Fax:

Website:

E-mail:

Directors

Chair

Address: (Street Number, City, Province, Postal Code)

E-mail:

Vice Chair

Address: (Street Number, City, Province, Postal Code)

E-mail:

Officers

President/Chief Executive Officer/GM:

Address: (Street Number, City, Province, Postal Code)

E-mail:

Chief Financial Officer:

Address: (Street Number, City, Province, Postal Code)

E-mail:

Corporate Secretary:

Address: (Street Number, City, Province, Postal Code)

E-mail:

Contacts for Member/Customer Complaints

Name:

Title:

Address: (Street Number, City, Province, Postal Code)

Telephone:

Fax:

E-mail:

External Auditor

Name:

Partner:

Address: (Street Number, City, Province, Postal Code)

Telephone:

Fax:

E-mail:

* A new form is required to be completed and submitted to the Financial Institutions Commission immediately upon any change of information contained on the last filed form.