



# Compliance Questionnaire - Credit Union/Caisse Populaire Sector

## Part A - General Information

Language of preference/Langue préférée  English/Anglais  French/Français

Date questionnaire completed

DD		MM		YYYY					

Organization's name and Head Office address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please indicate the type of premises for the above Head Office address

Commercial / Retail       Residential / Dwelling House

Other (If other, specify \_\_\_\_\_)

Name and title of the individual completing questionnaire

\_\_\_\_\_

Contact information:

Business telephone

\_\_\_\_-\_\_\_\_-\_\_\_\_

Business fax

\_\_\_\_-\_\_\_\_-\_\_\_\_

E-mail

\_\_\_\_\_

A1 How many branches does your organization have? \_\_\_\_\_

A2 How many employees are there in your organization? \_\_\_\_\_

A3 Do you conduct transactions for non-members?  Yes  No

A4 Does your organization have agents operating in Canada? (Agents could include individuals such as Deposit agents, Mortgage representatives, Investment representatives, etc.)  Yes  No

A5 Are you an agent of any other organization? e.g Travellers cheque, money orders etc.  Yes  No

A6 If you answered **yes** to question A5, provide the name(s) of the organization(s) you are an agent for:

\_\_\_\_\_

A7 Is your organization a wholly-owned subsidiary of any other entity subject to the Proceeds of Crime (Money Laundering) and Terrorist Financing Act and Regulations? If so, what is the name and address of this entity?  Yes  No

\_\_\_\_\_

A8 Does your organization own any other entities that are subject to the Proceeds of Crime (Money Laundering) and Terrorist Financing Act and Regulations? If so, what are the names and addresses of these entities?  Yes  No

\_\_\_\_\_

A9 Is your organization engaged in any other activities subject to the Proceeds of Crime (Money Laundering) and Terrorist Financing Act and Regulations? If yes, please specify the nature of these activities.  Yes  No

Life Insurance       Sale of Securities       Other (specify \_\_\_\_\_)

A10 Please indicate the approximate asset size of your organization \$ \_\_\_\_\_

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## Part A - General Information Cont'd

A11 Has your organization been subject to an anti-money laundering compliance review by your Regulator since June 12, 2002?  Yes  No

A12 If you answered **yes** to question A11, what is the name of the Regulator and the date of the last review?

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## Part B - Compliance Regime

B1 Have you fully implemented a compliance regime in your organization? Refer to Fintrac's website Guideline 4. [http://www.fintrac.gc.ca/publications/guide/Guide4/4\\_e.asp](http://www.fintrac.gc.ca/publications/guide/Guide4/4_e.asp)  Yes  No

B2 If you answered **no** to question B1, at what stage of implementation is your compliance regime? If there is not enough room below, attach a separate sheet to provide all the relevant information. Make sure to indicate that this information belongs in answer B2.

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## Part C - Compliance Officer

C1 Have you appointed a compliance officer responsible for implementing your compliance regime to meet your reporting, record-keeping and client identification obligations?  Yes  No

C2 If you answered **yes** to question C1, provide the compliance officer's name.

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C3 Does your compliance officer report directly to senior management of your business? (Senior management could be the chief operating officer of the business, any senior executive or or the Board of Directors.)  Yes  No

## Part D - Compliance Policies and Procedures

D1 Do you have policies and procedures to ensure your reporting, record keeping and client identification requirements are being met?  Yes  No

D2 To your knowledge, has your organization conducted financial transactions within the last 12 months that either originated from or were destined to individuals or entities based in any of the countries on the Financial Action Task Force (FATF) List of Non-Cooperative Countries or Territories? For information about this list, please refer to FINTRAC's advisories at [http://www.fintrac.gc.ca/publications/avs/advisory\\_e.asp](http://www.fintrac.gc.ca/publications/avs/advisory_e.asp)  Yes  No

D3 If you answered **yes** to question D2, which countries were involved and approximately how many transactions were conducted with each country? If there is not enough room below, attach a separate sheet to provide all the relevant information. Make sure to indicate that this information belongs in answer D3.

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D4 Does your organization cross-reference the names of clients with any anti-terrorism lists of names published by the Canadian government? For more information about these, please refer to the List of Names Subject to the Regulations Establishing a List of Entities made under subsection 83.05(1) of the Criminal Code or the United Nations Suppression of Terrorism Regulations provided by the Office of the Superintendent of Financial Institutions at <http://www.osfi-bsif.gc.ca>  Yes  No

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## Part E - Review of Compliance Policies and Procedures

E1	Have you implemented a process for reviewing the compliance policies and procedures to determine their effectiveness?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
E2	Has such a review already been conducted for your organization?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
E3	If you answered <b>yes</b> to E2, How often do you conduct a review? <input type="checkbox"/> More than once a year <input type="checkbox"/> Once a year <input type="checkbox"/> Less than once a year		
E4	If you answered <b>yes</b> to question E2, was the review conducted by: <input type="checkbox"/> Your compliance officer <input type="checkbox"/> External Reviewer <input type="checkbox"/> Other internal reviewer <input type="checkbox"/> Other, (If other, specify _____)		
E5	If you answered yes to question E2, when was the review completed? _____		
E6	Are the results of the review documented?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## Part F - Ongoing Compliance Training

F1	Does your organization provide training about your reporting, record keeping and client identification obligations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you answered <b>yes</b> to question F1, answer question F2 .			
F2	Describe how your training is delivered. Include information about the mode and frequency of delivery as well a general description of who is required to take the training. If there is not enough room below, attach a separate sheet to provide all the relevant information. Make sure to indicate that this information belongs in answer F2.		
<p><b>Mode of training</b></p> <input type="checkbox"/> In a classroom with trainer/Seminar <input type="checkbox"/> Self-directed <input type="checkbox"/> Computer-based <input type="checkbox"/> Other (If other, specify _____)		<p><b>Frequency of training</b></p> <input type="checkbox"/> Yearly <input type="checkbox"/> More often than yearly (e.g., seasonally, quarterly, etc.) <input type="checkbox"/> When new staff is hired <input type="checkbox"/> In special circumstances ) (Specify circumstances _____) _____ <input type="checkbox"/> Other (If other, specify _____)	
<p><b>Who receives the training</b></p> <input type="checkbox"/> Only those in contact with clients <input type="checkbox"/> All staff <input type="checkbox"/> Managers <input type="checkbox"/> Corporate security <input type="checkbox"/> Agents <input type="checkbox"/> Other (If other, specify _____)		<p><b>Type of material</b></p> <input type="checkbox"/> Handouts <input type="checkbox"/> Test administered with pass or fail mark <input type="checkbox"/> Presentation or group discussion <input type="checkbox"/> Other (If other, specify _____)	