



OSFI SECURITY INFORMATION FORM

PROTECTED B

OFFICE USE ONLY

File Number

The information on this form is required for the purpose of conducting an assessment of the character and integrity of individuals affiliated with a financial institution. Individuals are hereby advised that the Office of the Superintendent of Financial Institutions will disclose this information to law enforcement and intelligence agencies, including the Royal Canadian Mounted Police and the Canadian Security Intelligence Service, in the course of conducting the assessment.

Please typewrite or print in block letters. If additional space is required, please attach a separate page.

A. GENERAL INFORMATION

1. Name of Financial Institution/Organization	2. Relationship with Financial Institution (Check all that apply) <input type="checkbox"/> Director <input type="checkbox"/> Officer <input type="checkbox"/> Other _____
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B. BIOGRAPHICAL INFORMATION

1. Surname (Family Name)		2. Full given names (no initials) Circle the usual name used	
3. Family name at birth/Maiden name	4. All other names used (include name changes and nicknames)		
5. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		6. Date of birth (YYYY-MM-DD)	
7. Place of birth (city)	Province/State	Country	
8. Residency <input type="checkbox"/> Canadian Permanent Resident <input type="checkbox"/> Canadian Temporary Resident <input type="checkbox"/> Non-Resident			9. Citizenship
10. Proof of Citizenship <input type="checkbox"/> Passport <input type="checkbox"/> National Identity Card <input type="checkbox"/> Other _____			
11. Certificate/Identification Number		12. Date of Issue (YYYY-MM-DD)	
13. Do you maintain dual or multiple citizenship? If so, please indicate countries of citizenship, certificate type, and number.			
14. Height	15. Weight	16. Colour - Hair	17. Colour - Eyes



C. RESIDENCE (there should be no gaps)

List addresses where you have lived during the last 10 years, starting with the most current.

1	Street Number	Street Name		From (YYYY-MM)	To present
	City	Province or State	Country	Telephone number	
2	Street Number	Street Name		From (YYYY-MM)	To (YYYY-MM)
	City	Province or State	Country	Telephone number	
3	Street Number	Street Name		From (YYYY-MM)	To (YYYY-MM)
	City	Province or State	Country	Telephone number	
4	Street Number	Street Name		From (YYYY-MM)	To (YYYY-MM)
	City	Province or State	Country	Telephone number	
5	Street Number	Street Name		From (YYYY-MM)	To (YYYY-MM)
	City	Province or State	Country	Telephone number	

D. CRIMINAL CONVICTIONS IN AND OUTSIDE OF CANADA

Have you ever been charged and/or convicted of a criminal offence under the law of any Province, State, or Country?

Yes No

If yes, give details (charge(s), name of police force, city, province/state, country, and date of conviction) by completing the following sections

Charge(s)

Name of Police Force/Law Enforcement Agency

City

Province/State

Country

Date of Conviction (YYYY-MM-DD)

E. CERTIFICATION

I hereby certify that the information set out by me in this document is true and correct to the best of my knowledge and belief. I also hereby consent to the release of any of my personal information under the control of a Canadian law enforcement agency, including the Royal Canadian Mounted Police and the Canadian Security Intelligence Service, to the Office of the Superintendent of Financial Institutions, for the purpose of conducting an assessment of the character and integrity of an individual affiliated with a financial institution.

1. Signature

2. Date

F. ADMINISTRATION INFORMATION (OFFICE USE ONLY)

1. Name of OSFI Official

2. Title & Division

3. Telephone Number

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4. Signature

Date