



Office of the Superintendent of  
Financial Institutions Canada  
255 Albert Street  
Ottawa, Canada  
K1A 0H2

Bureau du surintendant des  
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255, rue Albert  
Ottawa, Canada  
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# 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 Canada (OSFI) 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. With the original signed and dated form, you must also provide an electronic version (Excel format on a CD or by e-mail) with the OSFI.**

PART A - GENERAL INFORMATION			
1. Name of Financial Institution/Organization		2. Relationship with Financial Institution (Tick where appropriate)	
		<input type="checkbox"/> Director <input type="checkbox"/> Officer <input type="checkbox"/> Other (specify) <input type="text"/>	
PART B - BIOGRAPHICAL INFORMATION			
1. Surname (Last name)		2. Full given names (no initials) underline the usual name used	
3. Family name at birth / Maiden name		4. All other names used (include name changes and nicknames)	
5. Sex		6. Date of birth (YYYY-MM-DD)	
<input type="checkbox"/> Male <input type="checkbox"/> Female			
7. Place of birth (City)		Province/State	Country
8. Residency (Tick where appropriate)			9. Citizenship
<input type="checkbox"/> Canadian Permanent Resident <input type="checkbox"/> Canadian Temporary Resident <input type="checkbox"/> Non-Resident			
10. Proof of Citizenship (Tick where appropriate)			
<input type="checkbox"/> Passport <input type="checkbox"/> National Identity Card <input type="checkbox"/> Other (specify) <input type="text"/>			
11. Passport / 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

**PART C - RESIDENCE (List addresses where you have lived during the last 10 years, starting with the most current. All spaces must be completed; there should be no gaps)**

1	<i>Apt. #</i>	<i>Street #</i>	<i>Street Name</i>		<i>From (YYYY-MM)</i>	<i>To present</i>
	<i>City</i>		<i>Province or State</i>	<i>Country</i>	<i>Telephone number</i>	
2	<i>Apt. #</i>	<i>Street #</i>	<i>Street Name</i>		<i>From (YYYY-MM)</i>	<i>To (YYYY-MM)</i>
	<i>City</i>		<i>Province or State</i>	<i>Country</i>	<i>Telephone number</i>	
3	<i>Apt. #</i>	<i>Street #</i>	<i>Street Name</i>		<i>From (YYYY-MM)</i>	<i>To (YYYY-MM)</i>
	<i>City</i>		<i>Province or State</i>	<i>Country</i>	<i>Telephone number</i>	
4	<i>Apt. #</i>	<i>Street #</i>	<i>Street Name</i>		<i>From (YYYY-MM)</i>	<i>To (YYYY-MM)</i>
	<i>City</i>		<i>Province or State</i>	<i>Country</i>	<i>Telephone number</i>	
5	<i>Apt. #</i>	<i>Street #</i>	<i>Street Name</i>		<i>From (YYYY-MM)</i>	<i>To (YYYY-MM)</i>
	<i>City</i>		<i>Province or State</i>	<i>Country</i>	<i>Telephone number</i>	

**PART D - CRIMINAL CONVICTIONS IN AND OUTSIDE OF CANADA**

<i>Have you ever been charged and/or convicted of a criminal offence under the law of any Province, State, or Country?</i>		<i>If yes, give details (charge(s), name of police force, city, province/state, country, and date of conviction) by completing the following sections</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>Charge(s)</i>		
<i>Name of Police Force / Law Enforcement Agency</i>		<i>City</i>
		<i>Province / State</i>
<i>Country</i>		<i>12. Date of Conviction (YYYY-MM-DD)</i>

**PART 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 Canada law enforcement agency, including the Royal Canadian Mounted Police and the Canadian Security Intelligence Service, to the OSFI, for the purpose of conducting an assessment of the character and integrity of an individual affiliated with a financial institution.

_____	_____
Signature	Date

**PART F - REVIEW (To be completed by the OSFI Official responsible for ensuring the completion of sections A, B, C, D and E)**

<i>Name and Title</i>	<i>Telephone Number</i>
<i>Signature</i>	<i>Date</i>