

Compliance Questionnaire

Company Details

Name	
Registered Address	
Business Address	
Phone Number	
Date of Incorporation	
Country of Incorporation	
Business Registration Number	

Business Activity

Type of Business	
Description of core business activity	

Beneficial Owners

PERCENTAGE HOLDING (%)	NAME	ADDRESS	COUNTRY OF INCORPORATION	DATE OF INCORPORATION

Anti-Money Laundering (AML) and Anti-Terrorist Financing (ATF)

Does your company have a person responsible for all Anti-Money Laundering/Anti-Terrorist Financing matters (e.g. Compliance Officer)? <i>If yes, please provide their name, phone number and e-mail address</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your company subject to Anti-Money Laundering/Terrorist Financing Regulations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of your AML/ATF Regulator	
Has your company established a program that contains AML/ATF policies and procedures?	<input type="checkbox"/> Yes – Please provide a copy <input type="checkbox"/> No
Is your company registered with FINTRAC?	<input type="checkbox"/> Yes: Registration #: _____ Expiry Date*: _____ <input type="checkbox"/> Waiting for FINTRAC confirmation Date registered with FINTRAC: _____ <input type="checkbox"/> No

*Credit Union use: Expiry Date diarized: ☐ Yes

Declared Behavior

What is the primary source of funds?	
How often will you deposit / write cheques?	
Will you be using remote deposit capture?	

How much cash do you expect to deposit each month?	
How much cash do you expect to withdraw each month?	
Will you send or receive wire transactions?	

Attestation

As the signing authority for _____, Business Name

I attest that the above information is true and accurate as of _____ Date

Authorized Signer(s) for Business

_____ Name	_____ Signature	_____ Date
_____ Name	_____ Signature	_____ Date

Accepted by:

_____ Credit Union Employee Name	_____ Credit Union Employee Signature	_____ Date
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