

## Exhibit 7

### Annual Compliance Certification for Custodial Inventory (CI) Program (For requirements, refer to MOP 7.0)

Name of Depository Institution: \_\_\_\_\_ ("Institution")

Location of CI Site: \_\_\_\_\_ ("CI Site")

Date of Last Management Audit: \_\_\_\_\_

Audited by: \_\_\_\_\_

By signing below, I hereby certify that the Institution is in compliance with all requirements of the Manual of Procedures and Appendix 1 (Custodial Inventory Program) to Operating Circular 2, Cash Services.<sup>1</sup>

**The signer below must be the Institution's Senior Cash Officer with responsibility at least one level over the CI Remote Vault Manager.**

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Dated: \_\_\_\_\_

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<sup>1</sup> Pursuant to Section 5.3 in Appendix 1 of the Operating Circular 2, your Institution shall provide to the Reserve Bank its internal and external audit schedule and a summary of the results thereof as they pertain to the CI Program. Include these items along with this completed Annual Compliance Certification form. If they are not available at the time of certification, please indicate when they will be submitted to the Reserve Bank.