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. In addition, the Institution has attached or previously provided to the Reserve
Bank the summary of the results of internal and external audits as they pertain to the CI
Program.

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: ________________________________