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| **Client Asset/ Investor Money Reporting Template** |   |
|  |  |  |  |  |  |  |
| Brief Description of Reportable Matter |  |  |  |  |  |  |
|   |   |   |   |   |   |   |
| Client Assets/Investor Money Oversight Role (PCF 45/46)  |
| Name |   |   |   |  |  |   |
| Has reportable matter been brought to the attention of board and/or Risk Committee? |  |  |  |  |  |   |
| Yes |   |  | N/A |   |   |
| No |   |  |  |  |   |
|   |   |   |   |   |   |
| **Time Line** |  |  |  |  |  |  |
|   |   |   |   |   |   |   |
| Date Reportable Matter Occurred  | \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_ |  | Possible Future Breach |   |   |
|   |  |  |  |  |  |   |
| Date Reportable Matter Recorded | \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_ |  |  |  |  |   |
|   |  |  |  |  |  |   |
| Date Reportable Matter Rectified | \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_ | If Applicable |  |  |   |
|   |   |   |   |   |   |   |
| Regulation (Please record the Regulation relating to the breach/Incident or other reporting obligation) |
|   |
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|
| **Impact** |  |  |  |  |  |  |
|   |   |   |   |   |   |   |
| Value | Currency |   |  |  |   |
|   | Nominal |   |  |  |   |
|   |  |  |  |  |  |   |
| Recurrent | Yes |   |  |  |  |   |
|   | No |   |  |  |  |   |
|   |  |  |  |  |  |   |
|   |   |   |   |   |   |   |
| Material | Yes |   |  | N/A |   |   |
|   | No |   |  |  |  |   |
|   |   |   |   |   |   |   |
| Please record the basis for which reportable matter is deemed material as per firm's Client Asset Management Plan (CAMP)/Investor Money Management Plan (IMMP). |
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|   |  |  |  |  |  |   |
| Detail of Impact/possible impact  |   |   |   |   |   |   |
|   | Client  |   | Firm |   |   |
|   | Reputation |   | Other |   |   |
|   |   |   |   |   |   |   |
| Please provide detail of impact with regard to the above area/s |  |  |  |  |   |
|   |
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| **History/Description of Reportable Matter** |
| Please provide a detailed description of the reportable matter. Include all relevant history including details of all operational areas within the firm impacted by the reportable matter and how it was identified. |
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|   |  |  |  |  |  |   |
| Please detail resolution status and/or resolution/ remediation plans. |
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|   |  |  |  |  |  |   |
| Please confirm if there is potential for further occurrences and outline the likelihood in this regard. Please detail additional processes or procedures put in place to prevent re-occurrence if applicable. |
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|   |  |  |  |  |  |   |
| Please detail any further information you deem applicable pertaining to this reportable matter, error or reporting incident. |
|   |   |   |   |   |   |   |
|   |  |  |  |  |  |   |
|   |   |   |   |   |   |   |
| **Status of Reportable Matter** |  |  |  |  |  |  |
|  |   |   |   |   |   |   |
|   | On-going |   |  |  |  |   |
|   | Closed |   |  |  |  |   |
|   |   |   |   |   |   |   |