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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. | | | | | | |
|  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |
| **Status of Reportable Matter** |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  | On-going |  |  |  |  |  |
|  | Closed |  |  |  |  |  |
|  |  |  |  |  |  |  |