BANK CONFIRMATION

Bank Confirmation

Oct-2012

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| **FINANCIAL INSTITUTION** § (Name, branch and full mailing address) | | | | | | | **CLIENT** § (Legal name) The financial institution is authorized to provide the details requested herein to the below-noted firm of accountants | | | | | | |
|  | | | | | | |  | | | | | | |
| **CONFIRMATION DATE** §  **(All Information To Be Provided As Of This Date)** See Bank Confirmation Completion Instructions | | | | | | |
| Client’s authorized signature | | | | | | |
| Please supply copy of the most recent credit facility agreement | | | | | | |
| (initial if required) | | |  | |  | |
| 1. LOANS AND OTHER DIRECT AND CONTINGENT LIABILITIES (If balances are nil, please state) | | | | | | | | | | | | | |
| NATURE OF LIABILITY/ CONTINGENT LIABILITY † | INTEREST (Note rate per contract) † | | | | DUE DATE † | | | | DATE OF CREDIT FACILITY AGREEMENT † | | | | AMOUNT AND CURRENCY OUTSTANDING † |
| RATE | | DATE PAID TO | |
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| ADDITIONAL CREDIT FACILITY AGREEMENT(S) | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| Note the date(s) of any credit facility agreement(s) not drawn upon and not referenced above. † | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| 1. DEPOSITS/OVERDRAFTS | | | | | | | | | | | | | |
| TYPE OF ACCOUNT § | | ACCOUNT NUMBER § | | INTEREST RATE § | | ISSUE DATE (if applicable) § | | MATURITY DATE  (if applicable) | | | AMOUNT AND CURRENCY (Brackets if Overdraft) | | |
|  | |  | |  | |  | |  | | |  | | |
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|  | |  | |  | |  | |  | | |  | | |
| 1. EXCEPTIONS AND COMMENTS (See Bank Confirmation Completion Instructions) † | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| 1. STATEMENT OF PROCEDURES PERFORMED BY FINANCIAL INSTITUTION † The above information was completed in accordance with the Bank Confirmation Completion Instructions. | | | | | | | | | | | | | |
|  | | | | | | |  | | | | | | |
| Authorized signature of financial institution | | | | | | | BRANCH CONTACT—Name and telephone number | | | | | | |

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| --- |
| Name: |
| Address: |
| Telephone: |
| Fax: |

Please mail this form directly to our chartered  
accountant in the enclosed addressed envelope

Developed by the Canadian Bankers Association and the Canadian Institute of Chartered Accountants  
(Areas to be completed by client are marked §, while those to be completed by the financial institutions are marked †)

## Bank Confirmation Completion Instructions

### General

* If the space provided is inadequate, please attach a statement giving full details as called for by the headings.
* All information should be provided as of the Confirmation Date.

### To the Client and Chartered Accountant

* To maximize confirmation accuracy and efficiency, the BANK CONFIRMATION should arrive at the branch at least one week before the Confirmation Date.
* Record the organization’s legal name, the name, address and direct telephone and fax numbers of the chartered accountant, the name of the financial institution, the branch mailing address, and the Confirmation Date. When credit facility agreements [the written agreement between the bank and the customer] are not available from the clients, the client may request that a copy be sent directly to the chartered accountant by initialing the form in the space provided.
* Section 1, Loans and Other Direct and Contingent Liabilities will be completed by the financial institution.
* Complete all information in Section 2, Deposits/Overdrafts except for amounts which should be left blank, for completion by the financial institution. List all accounts at the Confirmation Date, whether in credit balance or in overdraft position, including savings accounts, and particulars of any term deposits. For interest bearing deposits, the rate of interest noted in the contract should be recorded, together with, where applicable, the issue date and maturity date. Use a separate letter, not the BANK CONFIRMATION, to confirm details of Treasury Bills or Bankers Acceptances held by the financial institution for the client. Without a separate letter, the financial institution will assume this information is not required.
* **When Section 2, Deposits/Overdrafts is left blank, the financial institution will assume the information is not required.**
* Ensure the BANK CONFIRMATION is signed by an authorized signatory of the organization, to enable the financial institution to communicate directly with the chartered accountant.
* The completed and signed BANK CONFIRMATION and BANK CONFIRMATION COMPLETION INSTRUCTIONS should be delivered to the chartered accountant, for transmission to the financial institution. The chartered accountant should provide the financial institution with a self‑addressed envelope.

### To the Financial Institution

* Complete Section 1, Loans and Other Direct or Contingent Liabilities. List all direct liabilities in respect of loans, bankers’ acceptances, income debentures, and other loan substitutes. Also, list all the client’s contingent liabilities as endorser of notes and drawer of drafts discounted at this branch, including open letters of credit, foreign exchange contracts, guarantees, comfort letters, and third party borrowing. Enter amounts outstanding at the Confirmation Date and note the date(s) of the most recent credit facility agreement(s) [the written agreement between the bank and the customer]. Also record the date of any other credit facility agreements not drawn upon and not otherwise noted. When client assets are pledged but there is no written agreement, record in the column marked “date of credit facility agreement” the date and nature of the security documents held by the financial institution as at the Confirmation Date. If this space is insufficient, attach a separate schedule, and, when appropriate, cross‑reference the security documents to specific loans and overdrafts. Do not include overdrafts listed in Section 2. If there are no items for this Section, please state so.
* If copies of credit facility agreements have been requested, send these directly to the chartered accountant with the BANK CONFIRMATION.
* For Section 2, Deposits/Overdrafts, ensure that the client‑completed information agrees with the financial institution’s records as of the Confirmation Date, and provide amounts as of the Confirmation Date. In the space provided for Exceptions and Comments, note any additional items, not listed on the confirmation, as well as any inconsistencies between the client‑supplied information and the financial institution’s records.
* **When Section 2, Deposits/Overdrafts has been left blank, information about these items is not needed.**
* Include the name and telephone number of the branch contact, and sign the STATEMENT OF PROCEDURES PERFORMED BY FINANCIAL INSTITUTION, noting any exceptions or inconsistencies with the client‑supplied information.
* Mail the form to the Chartered Accountant in the enclosed addressed envelope within a week of the later of the Confirmation Date or date of receipt.