

Examination Program

INSURED INSTITUTION FAXBACK FORM

Credit Union _____ Name _____

Date _____ Title _____

Date of the Examination Report _____

Please complete by rating each of the following from 1 (Strongly Agree) to 5 (Strongly Disagree) by circling the appropriate number. Mark items not applicable as N/A.

Examination Process	Strongly agree				Strongly disagree	N/A
1. Scope and process of the Examination were clearly communicated	1	2	3	4	5	N/A
2. Disruption of our normal activities was minimized	1	2	3	4	5	N/A
3. Progress was communicated regularly throughout the Examination	1	2	3	4	5	N/A
4. Inspector demonstrated professionalism and courtesy	1	2	3	4	5	N/A
5. Examination Report was issued in a timely manner	1	2	3	4	5	N/A

Contents of Report

6. Examination Report reflected the major issues discussed during the closing meeting	1	2	3	4	5	N/A
7. Findings in the Examination Report were accurate	1	2	3	4	5	N/A
8. Findings and recommendations in the Examination Report are/ will be of value to our credit union	1	2	3	4	5	N/A

Other Comments

Please fax this form to: **(416) 325-9439**

Risk Management
 Deposit Insurance Corporation of Ontario
 4711 Yonge Street
 Suite 700
 Toronto ON M2N 6K8

Thank you for your input.