

Appendix 6 – Monthly Supervision Report (as required under DC Rule section 3947)

MEMBER FIRM: _____ **MONTH:** _____

**Registered Representative/ Investment Representative
Monthly Supervision Report
under the CIRO Dealer and Consolidated Rules**

I hereby certify that supervision has been conducted on _____

for the month of _____, 20 ____ by the undersigned. The following are

among the principal areas that have come under particular scrutiny:

1. All Buy and sell orders have been reviewed promptly, by the next day at the latest.
2. All client accounts of the approved person have been reviewed on a monthly basis.
3. A review of trading activity on a daily basis has been conducted relative to the approved person's personal and related accounts.
4. No client complaints relating to this approved person have been received during the period covered
5. Comment by Supervisor on reasons for inability to comply with any of the above.

Date

Signature of Officer, Director, Sales Manager, Supervisor

Name of Officer, Director, Sales Manager, Supervisor

SUPERVISION REPORT

Traders

To be Filed with the Canadian Investment Regulatory Organization (CIRO)

I hereby certify that supervision for the month ending _____, 20____ of the activities of _____(the Approved Person) has been conducted and evidence to support the review has been retained. I further certify the following:

All orders, both buy and sell of the Approved Person, have been reviewed by a qualified Supervisor by the next business day;

The inventory blotter specific to the Approved Person's pro trading has been reviewed by a qualified Supervisor by the next business day;

All trades of the Approved Person have been reviewed by a qualified Supervisor on a daily and monthly basis;

A review of trading activity on a daily basis has been conducted by a qualified Supervisor relative to the Approved Person's personal accounts and no regulatory issues or concerns have been identified;

No complaints of any nature have been received during the period covered. If there have been reportable complaints, identify the Gatekeeper or ComSet number(s) and any follow up action initiated by the firm if not disclosed on Gatekeeper or ComSet. If there have been complaints not identified on Gatekeeper or ComSet, details have been provided below;

If the activity that led to the supervision has reoccurred, details have been provided below; and

Reasons for the inability to comply with any of the above and disclosure of any issues or concerns identified during the period under review have been provided below.

Date

Signature of Supervisor

Name of Supervisor
(please print)

Employing Dealer Member