

*One copy of the MONTHLY FINANCIAL AND STATISTICAL REPORT and any required schedules must be submitted in respect of each calendar month no later than the 20th day of the following month, to the Credit Union Deposit Guarantee Corporation, Suite 2000, 10140 – 103 Avenue, Edmonton, Alberta, T5J 0H8.*

Credit Union Name: \_\_\_\_\_

Registration Number: \_\_\_\_\_ Month Ending: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

**CERTIFICATION**

I, \_\_\_\_\_ as an officer of  
(Name of Officer)

\_\_\_\_\_ of \_\_\_\_\_  
(Name of Credit Union) (City of Head Office)

in the Province of Alberta, certify that the attached Monthly Financial and Statistical Report and the required schedules have been prepared from the books and records of the credit union, and that to the best of my knowledge and belief, are correct and complete and present fairly the financial position of the credit union and the conditions of the credit union's affairs on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Position: \_\_\_\_\_