

PCNO Attestation of Compliance – Issuer Resubmission Form

Code of Conduct for the Credit and Debit Card Industry in Canada

Introduction

Issuers (Participants) must abide by the *Code of Conduct for the Credit and Debit Card Industry in Canada* (Code) and applicable Market Conduct Obligations (MCO). MCOs include, but are not limited to, the current versions of the FCAC's Guidelines, Supervision Framework, Mandatory Reporting Guide and Compliance Bulletins.

This Attestation of Compliance (AOC) must be completed by all Participants.

Unless otherwise defined here, all capitalized terms have the meanings given them in the Code and/or MCOs.

Market Conduct Obligations

[Code of Conduct](#)

[FCAC Guidelines](#)

[Compliance Bulletins](#)

[FCAC Supervision Framework](#)

[Mandatory Reporting Guide](#)

Confidentiality

If there is an issue or item that is specific to one Payment Card Network Operator (Amex Bank of Canada, Discover Financial Services (Canada) Inc., Interac Corp., Mastercard International Incorporated, UnionPay International and Visa Canada Corporation) (each, a PCNO) that does not apply to the other PCNOs, then Participants are required to complete and submit a separate AOC and Schedule A (if applicable) to such PCNO (e.g. an instance of non-compliance relating to a specific PCNO or an issue relating to a PCNO-specific product).

Should a PCNO require further information, it will contact the Code Compliance Point of Contact, identified below, directly.

Instructions

Due Date

January 31 of each year

If January 31 falls on a Saturday or Sunday, completed AOCs are due the Friday before January 31 or other date as may be specified by PCNOs.

Reporting Period

January 1 to December 31 (inclusive)

The AOC must attest to Code compliance for the preceding calendar year.

Obligations

Participants are required to:

1. complete an AOC and Schedule A (if applicable) and submit it to respective PCNO(s) by the due date; and
2. ensure the AOC is signed by an authorized officer of the entity responsible for completing AOC.

If there are no confirmed instances of non-compliance, Participants are not required to submit supporting documentation and/or evidence of compliance with each AOC, however, Participants are attesting that supporting documentation and/or evidence has been retained and that it will be provided to PCNOs upon request.

Section 1. Participant Profile

Participant Name (Legal Name): _____

Payment Card Network(s) offered (select all Networks offered. If submitting separate AOC, select specific Network for that AOC only):

- | | | |
|--|--|--|
| <input type="checkbox"/> Amex Bank of Canada | <input type="checkbox"/> Interac Corp. | <input type="checkbox"/> UnionPay International |
| <input type="checkbox"/> Discover Financial Services (Canada) Inc. | <input type="checkbox"/> Mastercard International Inc. | <input type="checkbox"/> Visa Canada Corporation |

Participant Compliance Point(s) of Contact for the Code:

Name (s): _____

Title(s)/Position(s): _____

Email(s): _____

Section 2. Participant Policies and Procedures

Participant confirms that Code Policies and Procedures (P&P) are in effect. ☐ Yes ☐ No

If yes, select P&Ps all that apply:

- ☐ Roles & Responsibilities
- ☐ Compliance Investigations
- ☐ Monitoring and Controls
- ☐ Risk Assessments
- ☐ Employee and/or downstream participant training

In addition to the above, if yes, select frequency of review:

- | | |
|--|--|
| <input type="checkbox"/> Annually | <input type="checkbox"/> Semi-Annually |
| <input type="checkbox"/> Following Regulatory MCO amendments | <input type="checkbox"/> Other: |

If no, please provide explanation/rationale.

Section 3. Participant Training

Training Completed by Employees

Participant confirms that Code training (including applicable P&Ps and supporting controls) is in place for all applicable employees that are subject to the Code. ☐ Yes ☐ No

If yes, select training audience. Either select "All Employees" or all other categories that apply:

- | | | |
|---|--|--|
| <input type="checkbox"/> All Employees | <input type="checkbox"/> Client/Account Managers | <input type="checkbox"/> Compliance Staff |
| <input type="checkbox"/> Technology Staff | <input type="checkbox"/> Operational Staff | <input type="checkbox"/> Customer Service Agents |
| <input type="checkbox"/> Frontline Staff | <input type="checkbox"/> Sales Agents | <input type="checkbox"/> Other (e.g. Marketing): |

In addition to the above, if yes, select training frequency (select all that apply):

- | | | |
|-----------------------------------|------------------------------------|--|
| <input type="checkbox"/> Annually | <input type="checkbox"/> New hires | <input type="checkbox"/> As required (e.g. coaching) |
| <input type="checkbox"/> Other: | | |

If no, please provide explanation/rationale.

Training Completed by Third Party Personnel

Participant confirms that Code training (including applicable P&Ps and supporting controls) is in place for all applicable third-party personnel subject to the Code. ☐ Yes ☐ No ☐ N/A

If yes, select training audience. Either select "All Third-Party Personnel" or all other categories that apply:

- | | | |
|--|---|--|
| <input type="checkbox"/> All Third-Party Personnel | <input type="checkbox"/> Sales Agents | <input type="checkbox"/> Referral Agents |
| <input type="checkbox"/> Processors | <input type="checkbox"/> Terminal Lease Providers | <input type="checkbox"/> ISOs |

In addition to the above, if yes, select training frequency (select all that apply):

- ☐ Annually
- ☐ Other:

If no or N/A, please provide explanation/rationale.

Section 4. Participant Code Attestation

Instructions:

If the requirement does not apply to your organization, select 'N/A' and provide rationale under 'Rationale for 'N/A' column.

If the requirement does apply to your organization, and your organization is in compliance with the requirement, select the 'Meets Requirement' column.

If any applicable requirement to your organization is not met, select the 'Does Not Meet Requirement' column and provide all relevant details within Schedule A.

Policy Element 6

Requirement	Meets Requirement	Does Not Meet Requirement	N/A	Rationale for 'N/A'
1. Competing domestic applications from different networks are not offered on the same debit card.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. In mobile wallets or mobile devices, debit payment credentials from payment card networks are represented as separate payment applets.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Policy Element 7

Requirement	Meets Requirement	Does Not Meet Requirement	N/A	Rationale for 'N/A'
1. Co-badged debit cards are equally branded.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. All representations of payment applets in a mobile wallet or mobile device, and the payment card network brands associated with them, are identifiable and equally prominent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Policy Element 8

Requirement	Meets Requirement	Does Not Meet Requirement	N/A	Rationale for 'N/A'
1. Debit and credit card functions do not co-reside on the same payment card.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Consumers have full and unrestricted control over default settings on mobile devices and mobile wallets to select debit or credit payment applets.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Selecting default preferences is done based on a clear and transparent process, clearly accessible through mobile user interface, and consumers are able to easily change default settings in a timely manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Policy Element 9

Requirement	Meets Requirement	Does Not Meet Requirement	N/A	Rationale for 'N/A'
1. Premium cards are targeted at individuals who meet specific spending, assets under management and/or income levels.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Premium cards are only given to consumers who apply for or consent to such cards.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. A statement, featured prominently, has been included on all cardholder applications for premium cards to disclose that premium cards can impose higher card acceptance costs on merchants.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Premium cards, and the payment applets that link to premium card payment credentials, clearly indicate that they are premium products (e.g. display clear and prominent branding used by the payment card networks to identify them as premium products).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section 5. B-7 Industry Guidelines

Participant confirms that it is, and has continuously been, in compliance with the B-7 Industry Guidelines.

☐ Yes

☐ No

If no, please provide explanation/rationale.

Section 6. General Attestation

The undersigned, duly authorized officer(s) of the Participant, hereby attests that:

- All information communicated in this AOC, including any accompanying Schedule A, is accurate and complete;
- Except as identified and explained in Schedule A, the Participant has been in compliance with the Code and applicable MCOs at all times; and
- Supporting documentation/evidence of compliance has been retained and will be provided to PCNOs upon request.

Participant Name:

Authorized Officer(s) Name(s):

Title:

Email:

Signature:

Date:

FOR RESUBMITTED FORMS

Rationale:

Signature:

Date: