



Futures trading with non-residents

BP - 31

Confidential when completed

Français au verso

Calendar quarter ending

Please make a copy for your records

Toll free: 1(866) 765-8143
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Please correct any mistakes in Name or Address

Authority: This survey is conducted under the authority of the Statistics Act, Revised Statutes of Canada, 1985, Chapter S19. Completion of this questionnaire is a legal requirement under the Statistics Act.

Confidentiality: Information collected under the Statistics Act is treated in strict confidence and is specifically exempt from being released under the Access to Information Act.

Purpose: The survey data you provide are used to produce estimates on futures trading with non-residents and form an integral part of the official estimates of Canada's balance of international payments. Such estimates are used as a major input in the conduct of monetary and exchange rate policies by the Government of Canada. Other uses include international trade negotiations, business planning, marketing and institutional research.

Filing of this questionnaire: Kindly return a completed copy of this questionnaire **within three weeks** of receipt to Balance of Payments Division, Statistics Canada, Ottawa, Ontario K1A 0T6. If you need any clarification about reporting, please telephone collect **1(613) 951-1862**.

A. Canadian Office Transactions on Foreign Commodity Exchanges

(U.S. \$'000)

1. Funds sent from Canada to non-residents (net of commissions):

- affiliates
- clearing members
- banks
- others (please specify) _____

2. Funds received in Canada from non-residents:

- affiliates
- clearing members
- banks
- others (please specify) _____

3. Commissions:

- earned by non-residents
- earned by Canadian offices

4. Claims outstanding on non-residents:

- affiliates
- others (please specify) _____

B. Canadian Office Transactions with Non-resident Clients

1. Funds received in Canada from non-residents:

- affiliates
- clients

2. Funds sent from Canada to non-residents:

Remarks:

Thank You

Date	Telephone : Facsimile : E-mail :	Name and title of responsible officer	Signature
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