## Corrective Action Plan (CAP) for [CAP Name]

| Deficiency Identification  |                                 |  |  |  |
|--|---------------------------------|--|--|--|
| Date Deficiency Identified:  |                                 | Deficiency identified through:  Internal Audit Finding |  |  |
| Operational Area:  |                                 | Monitoring Activity                                    |  |  |
| Business Owner: [Name and Title]                                   |                                 | Employee Disclosure                                    |  |  |
|  |                                 | Other (please specify):                                |  |  |
| Regulatory or Organizational Standard                              |                                 |  |  |  |
|  |                                 |  |  |  |
|  |                                 |  |  |  |
|  |                                 |  |  |  |
| Issue of Non-Compliance including Root Cause                       |                                 |  |  |  |
|  |                                 |  |  |  |
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|  |                                 |  |  |  |
|  |                                 |  |  |  |
| Plan   | tion – Plan/Training/Monitoring |  |  |  |
| Fiaii  |                                 |  |  |  |
|  |                                 |  |  |  |
| Training   |                                 |  |  |  |
| N  |                                 |  |  |  |
| Monitoring   |                                 |  |  |  |
| Milestones (K  | ey Deliverables and Dates)      |  |  |  |
|  | Deliverable                     |  |  |  |
|  |                                 |  |  |  |
|  |                                 |  |  |  |
|  |                                 |  |  |  |
| Close Date – Anticipated   |                                 |  |  |  |
|  | •                               |  |  |  |
| CAP Approval   |                                 |  |  |  |
| Approved by:   |                                 | [Approval Date]  |  |  |
| Compliance   | an automant/Officer Design      |  |  |  |
| Compliance Department/Officer Review  Approved by: [Approval Date] |                                 |  |  |  |
| Αρριονόα υχ.   |                                 | [Approval Date]  |  |  |
| Monitoring Results   |                                 |  |  |  |

| Results                                      |   |  |  |  |
|--|---|--|--|--|
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| Change History                               |   |  |  |  |
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| Close Date – Final                           |   |  |  |  |
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| inal   |   |  |  |  |
| Approved by: [Name and Title]                |   | [Approval Date]  |  |  |
|  |   |  |  |  |
| Compliance Department/Officer Review – Final |   |  |  |  |
| Approved by: [Name and Title]                |   | [Approval Date]  |  |  |
|  |   |  |  |  |
| Supporting Documentation                     |   |  |  |  |
|  | Description                                   |  |  |  |
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| i -  | nal e and Title] ement/Officer R e and Title] | nal e and Title] ment/Officer Review – Final e and Title] entation |  |  |