## Freedom of Information and Protection of Privacy Act (FOIPPA)

The information requested on this form is collected under the authority of section 26(c) of the *Freedom of Information and Protection of Privacy Act*. The information is collected for the purpose of processing, investigating, and responding to your complaint. Complaints are treated as confidential and maintained as such, subject to enforcement proceedings and the *Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection or use of this information, please contact the BC Financial Services Authority at 604-660-3555, 600 - 750 West Pender Street, Vancouver, B.C., V6C 2T8.

## **INSTRUCTIONS**

- 1. All applicable information must be provided
- 2. Please print clearly
- 3. If additional information is required, reference and attach addendum pages to this form
- 4. Upon completion, one copy of this form must be provided to the prospective lender, and one copy must be retained by the mortgage broker.
- 5. Contact:

Registrar of Mortgage Brokers 600 - 750 West Pender Street Vancouver, B.C. V6C 2T8

Email: Mortgagebrokers@bcfsa.ca

Web: https://bcfsa.ca/

Ph: 604-660-3555 Toll-free: 1-866-206-3030 (BC)

Fax: 604-660-3365

For Office Use Only		
Approved By:	Date Approved:	
Restrictions:		

PART 1 – DIRECTOR'S LEGAL NAME & CONTACT INFORMATION					
MISS MR. MF	RS.				
FIRST NAME	MIDDLE NAME	LAST NAME			
PHONE NUMBER	FAX NUMBER	EMAIL ADDRESS			
ADDRESS FOR SERVICE IN BRITISH COLUMBIA (complete address including postal code)					
RESIDENTIAL ADDRESS (complete address including postal code)					
PART 2 – PERSONAL HISTORY					
List any and all previous names you have been known by					
DATE OF BIRTH	PLACE OF BIRTH				
INDICATE YOUR CITIZENSHIP  CANADIAN  PERMANENT  WORK IN CANADA UNDER A WORK PERMIT  WORK IN CANADA UNDER A WORK PERMIT					
OTHER (please specify)					
Please indicate if you have lived outside of Canada in the last 10 years, and if so where:					
PART 3 – MORTGAGE BROKER					
REGISTERED NAME					
PHONE NUMBER		FAX NUMBER			
BUSINESS ADDRESS (complete address including po	stal code)				

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PART 4 – EMPLOYMENT HI	STORY					
	ness activities, including self-employment and unemployr		he full 5 y	ear		
period immediately preceding the	e date of this application (if more space is required attacl	n a separate sheet):				
EMPLOYER	NATURE OF EMPLOYMENT	FROM (MONTH/YEAR)	TO (MO	NTH/YEAR)		
	10.110.112.0.1		(	, . =		
PART 5 - PRIOR LICENSING	G OR REGISTRATION					
Have you ever been licensed, re British Columbia or elsewhere?	gistered or authorized in any capacity, under any of the f	ollowing acts or under si	milar legis	slation in		
Financial Institutions Ac	t TYES NO					
☐ Mortgage Brokers Act	YES NO					
Real Estate Services A	ct YES NO					
Securities Act	YES NO					
OTHER (please specify)						
	ense or registration, or have you ever been disciplined o					
suspended or cancelled under a	ny of the acts in question 5(a) or under any other legislat	ion in British Columbia o	r elsewhe	re		
YES NO						
PART 6 - BANKRUPTCY, J	UDGMENTS, CIVIL OR CRIMINAL PROCEEDING	S				
	ently the subject of an investigation by any law enforcem	ent or	YES	□ NO		
regulatory agency in British Colu		Ц	ILO			
Have you been charged or indicated, or have you been convicted without pardon, under any law of any province, state, or country, including and not limited to criminal and regulatory breaches?						
Have you personally, or has any business of which you are or were an officer, director, or partner been subject to bankruptcy proceedings?						
Has any judgment been rendered against you personally, or against any business of which you						
were at the time an officer, director or partner, in any civil court in British Columbia or elsewhere,						
for any reason whatsoever?						
Are there any pending legal proceedings against you or any business of which you were an			YES	□ NO		
officer, director, or partner?						
For any of the questions in Section 5 or 6 to which you have answered YES, you must provide complete details as an exhibit using the same numbering as on this application.						
	WARNING:	, p				
Any application contain	wakning. ning a false statement may result in the refusal, su	isnension or cancell:	ation of	anv		
Any application contain	registration.	ispension of cancent	ation or	arry		
PART 7 - APPLICANT CER	TIFICATION					
I hereby authorize BCFSA to ascertain my credit rating by performing a credit check with the appropriate Credit Bureau. Note: Any information BCFSA obtains through this consent will be used only for determining suitability for licensing under the Mortgage Brokers Act.						
I, the undersigned, certify that I am the applicant herein for registration or approval and the statement of facts made by me in this application and in the exhibits attached, if any, are true and complete.						
the exhibite attached, if any, are tide and complete.						
SIGNATURE OF DIRECTOR		PRINT NAME				
		DATE SIGNED				

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PART 8 – CERTIFICATION BY THE DESIGNATED INDIVIDUAL		
I, the undersigned, certify that I am the applicant herein for registration or approval and the statement of facts made by me in this application and in the exhibits attached, if any, are true and complete.		
SIGNATURE OF DESIGNATED INDIVIDUAL	PRINT NAME	
	DATE SIGNED	

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