Conflict of Interest Disclosure Statement Form 10

INSTRUCTIONS

- 1. Please type or print clearly
- 2. If additional information is required, reference and attach a schedule to this form

Neither the Registrar of Mortgage Brokers nor any other authority of the government of the Province of British Columbia has in any way passed on the merits of the matters dealt with in this disclosure statement. This information statement has not been filed with the Registrar of Mortgage Brokers and the Registrar has not determined whether or not it complies with Part 2 of the *Mortgage Brokers Act*.

PART 1 – INFORMATION	
FULL NAME OF MORTGAGE BROKER	TELEPHONE NUMBER
ADDRESS (complete address including postal code)	
ADDRESS OF PROPERTY TO BE MORTGAGED (complete address including postal code)	
LEGAL DESCRIPTION OF PROPERTY TO BE MORTGAGED	
Describe any direct or indicate interest the market are bushes to be	and the second s
Describe any direct or indirect interest the mortgage broker has or, as currently contemplated, may acquire in the transaction for which this disclosure statement is provided.	
Describe any direct or indirect interest that a related party or associate of the mortgage broker, as defined in the <i>Mortgage Brokers Act Regulations</i> has or, as currently contemplated, may acquire in the transaction for which this disclosure statement is provided.	
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PART 2 – CERTIFICATION	
I certify that I am the mortgage broker or an authorized representative of the mortgage broker in this transaction and based on my knowledge, belief and information provided by third parties, this Disclosure Statement contains no untrue statement and does not omit to state a fact that is required to be stated or that is necessary to prevent a statement that is made from being false or misleading in the circumstances in which it was made.	
FULL NAME OF MORTGAGE BROKER	ADDRESS (complete address including postal code)
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SIGNATURE OF MORTGAGE BROKER OR AUTHORIZED REPRESENTATIVE	NAME OF AUTHORIZED REPRESENTATIVE OF MORTGAGE BROKER (PRINT NAME)
	DATE SIGNED (YYYY/MM/DD)
ACKNOWLEDGEMENT OF RECEIPT	PRINT NAME
SIGNATURE	DATE SIGNED (YYYY/MM/DD)

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