



INSTRUCTIONS

1. Contact:

BC Financial Services Authority
600-750 West Pender Street
Vancouver, B.C. V6C 2T8

Web: <https://bcfsa.ca/>

T 604.660-3555 Toll-free: 1.866.206.3030 (BC)

F 866.660.3365 Email: info@bcfsa.ca

- 2. This form is for the use of individuals seeking consent to incorporate a financial institution in British Columbia under section 13 of the *Financial Institutions Act* or section 6 of the *Credit Union Incorporation Act*.
- 3. Excepting the certifying signatures, this form must not be handwritten.
- 4. Please submit the completed form, along with all other requirements in respect of the application for incorporation, via the Integrated Regulatory Information System (“IRIS”) Portal which may be accessed through BC Financial Services Authority’s (“BCFSA”) website.

PART A – APPLICANT DETAILS

This application is for the incorporation of:

- Credit Union
- Trust Company
- Insurance Company

Proposed Name of Financial Institution

Head Office Address

Registered Address

Records Office Address

PART B – APPLICATION CONTACT DETAILS

Name	Title
Email Address	Phone Number

PART C – CERTIFICATIONS

Name	Title
Declared in the Province of British Columbia at:	Date

I, _____, solemnly declare that, to the best of my knowledge, and conscientiously believing it to be true, the information provided in support of this application for incorporation of a financial institution is correct and complete in all material aspects and I hereby undertake to notify BC Financial Services Authority immediately, in writing, in the event that there is any material change to any of the information provided within this form or any supporting documents to the application.

Signature

Name	Title
Declared in the Province of British Columbia at:	Date

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Signature