

INSTRUCTIONS

- 1. This form is required pursuant to section 61 of the *Financial Institutions Act*.
- 2. All applicable information must be provided. Attach additional typed/printed sheets as necessary. Please note that your application will not be processed until ALL required documents and payment are received.
- 3. This form must not be handwritten except for the signature and is offered as a fillable and saveable PDF form for your convenience.
- 4. Upon completion, please forward the original signed form and original supporting documents to:
BC Financial Services Authority
Attn. Statutory Approvals
600-750 West Pender Street
Vancouver, BC V6C 2T8

Freedom of Information and Protection of Privacy Act (FOIPPA)

The information requested on this form is collected under the authorities of sections 26(a) and 26(c) of the *Freedom of Information and Protection of Privacy Act*, and section 61 of the *Financial Institutions Act*. The information is collected for the purposes of administering the *Financial Institutions Act* and the *Credit Union Incorporation Act*, as applicable. 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, BC, V6C 2T8.

PART A – APPLICANT DETAILS

- 1. Business Authorization for: Deposit Business Trust Business Deposit & Trust Business Insurance Business
- 2. Name of Company/Credit Union:

3. Head Office Address: (Street Number, City, Province, Postal Code)

4. Phone Number:

5. Fax Number:

6. Email Address:

7. Incorporation Number:

8. Contact Person:

(i) Full Name:

(ii) Title:

PART B – BUSINESS AUTHORIZATION FEES

Attach the business authorization application fee, in the amount set out in the Financial Institutions Fees Regulation, made payable to the BC Financial Services Authority.

PART C – INSURANCE BUSINESS (For Insurance Business Applicants Only)

- 1. Business Authorization to be confined to:
Life Insurance Business General Insurance Business Life & General Insurance Business Specific Class(es) of Insurance
- 2. Name of Actuary:

3. Actuary Address: (Street Number, City, Province, Postal Code)

4. Actuary Phone Number:

5. Attach a letter of no objection or evidence of membership from an approved insurance compensation plan in respect to classes of insurance permitted under business authorization.

PART D – FINANCIAL STATEMENTS

1. Name of Auditor:

2. Auditor Address: (Street Number, City, Province, Postal Code)

3. Auditor Phone Number:

4. Attach interim financial statements ending the month preceding this application including a balance sheet and income statement.

PART E – COMMITTEES

1. List members of audit committee:

2. List members of investment and loan committee:

3. List members of conduct review committee:

4. Attach a copy of the written investment and lending policies and conduct and review policies and procedures.

PART F – PLAN

Detail and explain any material changes to the business plan that was submitted with the application for incorporation or provide a business plan for the business authorization requested in this application.

PART G – OTHER BUSINESS

List any other financial or related services that the financial institution will be carrying on that does not constitute business for which a business authorization is required.

PART H – CERTIFICATION

I, the undersigned, hereby certify that the foregoing statements are true, correct and complete to the best of my knowledge, information and belief, and hereby undertake to notify the BC Financial Services Authority immediately in writing of any material change therein.

Position/Title at Financial Institution:

Signature:

Date Signed:
(mm/dd/yyyy)

Chair, Board of Directors:

Signature:

Date Signed:
(mm/dd/yyyy)