

**INSTRUCTIONS**

1. You may make a request for access to records without using this form, provided you do so in writing.
2. All applicable information must be provided.
3. This information must be typewritten or printed.
4. Upon completion, please forward this form and all attachments to:

BC Financial Services Authority  
600-750 West Pender Street  
Vancouver, B.C. V6C 2T8  
[foi@bcfsa.ca](mailto:foi@bcfsa.ca)

**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 your request for information. If you have any questions about the collection or use of this information, please contact the Privacy Officer at 604-660-3555, 600-750 West Pender Street, Vancouver, B.C., V6C 2T8.

**PART A – YOUR NAME**

LAST NAME	FIRST AND MIDDLE NAMES	SALUTATION/TITLE (OPTIONAL)
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**PART B – YOUR ADDRESS (OPTIONAL)**

STREET, APARTMENT NO. P.O. BOX, R.R. NO., CITY/TOWN, PROVINCE, POSTAL CODE

**PART C – YOUR CONTACT INFORMATION**

DAY PHONE NUMBER	ALTERNATE PHONE NUMBER	EMAIL ADDRESS
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**PART D – DETAILS OF REQUESTED INFORMATION**

Are you requesting access to another person's personal information?  
 YES  
 NO

If so, please attach that person's signed consent for disclosure, or proof of authority to act on that person's behalf (as appropriate).

PREFERRED METHOD OF ACCESS TO RECORDS <input type="checkbox"/> EXAMINE ORIGINAL <input type="checkbox"/> RECEIVE COPY	YOUR SIGNATURE	DATE SIGNED (YYYY-MM-DD)
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**Information requested** (please describe the records you are requesting).  
 Be as specific as possible, as this will assist the request process. Attach a separate sheet if the space below is not sufficient.