

INSTRUCTIONS

1. You may make a request for access to records without using this form, provided you do so in writing
2. Birthdate and corrections service no. Are required to verify the individual requesting the information
3. All applicable information must be provided
4. This information must be typewritten or printed
5. Upon completion, please forward this form and all attachments to:
 BC Financial Services Authority
 2800 - 555 West Hastings Street
 Vancouver, BC V6B 4N6

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, 2800 - 555 West Hastings Street, Vancouver, BC, V6B 4N6.

ARCS No.
 292-30/
 292-40/

PART A - NAME OF PUBLIC BODY TO WHICH YOU ARE DIRECTING YOUR REQUEST

PART B – YOUR NAME

LAST NAME	FIRST NAME	MIDDLE NAME	OPTIONAL <input type="checkbox"/> MISS <input type="checkbox"/> MRS. <input type="checkbox"/> MR. <input type="checkbox"/> MS. <input type="checkbox"/> OTHER: _____
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PART C – YOUR ADDRESS

STREET, APARTMENT NO. P.O. BOX, R.R. NO.	CITY/TOWN	PROVINCE/COUNTRY	POSTAL CODE
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PART D – YOUR CONTACT INFORMATION

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

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.)

Please specify any reference or file number(s), if known

Are you requesting access to another person's personal information? (if so, please attach, as appropriate: a) That person's signed consent for disclosure, or b) Proof of authority to act on that person's behalf.)	<input type="checkbox"/> YES <input type="checkbox"/> NO
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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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PART F – FOR PUBLIC BODY USE ONLY

REQUEST NO.	REQUEST CATEGORY <input type="checkbox"/> ACCESS TO GENERAL INFORMATION (ARCS 292-30/ <input type="checkbox"/> ACCESS TO PERSONAL INFORMATION (ARCS 292-40/	
REQUEST CODE	DATE SIGNED (YYYY-MM-DD)	NAME OF PUBLIC BODY RECEIVING REQUEST