

INSTRUCTIONS

1. All applicable information must be provided
2. Please print clearly
3. If additional information is required, reference and attach addendum pages to this form
4. Upon completion, one copy of this form must be provided to the prospective lender, and one copy must be retained by the mortgage broker.
5. Contact:
Registrar of Mortgage Brokers
2800 - 555 West Hastings Street
Vancouver, BC V6B 4N6

Email: Mortgagebrokers@bcfsa.ca
 Web: <https://bcfsa.ca/>
 Ph: 604-660-3555 Toll-free: 1-866-206-3030 (BC)
 Fax: 604-660-3365

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, investigating, and responding to your complaint. Complaints are treated as confidential and maintained as such, subject to enforcement proceedings and the *Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection or use of this information, please contact the BC Financial Services Authority at 604-660-3555, 2800 - 555 West Hastings Street, Vancouver, BC, V6B 4N6.

For Office Use Only	
Approved By:	Date Approved:
Restrictions:	

PART 1 – DIRECTOR’S LEGAL NAME & CONTACT INFORMATION

MISS MR. MRS. MS. OTHER:

FIRST NAME	MIDDLE NAME	LAST NAME
PHONE NUMBER	FAX NUMBER	EMAIL ADDRESS

ADDRESS FOR SERVICE IN BRITISH COLUMBIA (complete address including postal code)

RESIDENTIAL ADDRESS (complete address including postal code)

PART 2 – PERSONAL HISTORY

List any and all previous names you have been known by

DATE OF BIRTH	PLACE OF BIRTH
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INDICATE YOUR CITIZENSHIP

CANADIAN PERMANENT WORK IN CANADA UNDER A WORK PERMIT

OTHER (please specify)

Please indicate if you have lived outside of Canada in the last 10 years, and if so where:

PART 3 – MORTGAGE BROKER

REGISTERED NAME

PHONE NUMBER	FAX NUMBER
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BUSINESS ADDRESS (complete address including postal code)

PART 4 – EMPLOYMENT HISTORY

Give full disclosure on your business activities, including self-employment and unemployment periods, if any, for the full 5 year period immediately preceding the date of this application (if more space is required attach a separate sheet):

EMPLOYER	NATURE OF EMPLOYMENT	FROM (MONTH/YEAR)	TO (MONTH/YEAR)

PART 5 – PRIOR LICENSING OR REGISTRATION

Have you ever been licensed, registered or authorized in any capacity, under any of the following acts or under similar legislation in British Columbia or elsewhere?

- Financial Institutions Act* YES NO
- Mortgage Brokers Act* YES NO
- Real Estate Services Act* YES NO
- Securities Act* YES NO
- OTHER (please specify)

Have you ever been refused a license or registration, or have you ever been disciplined or had your license or registration suspended or cancelled under any of the acts in question 5(a) or under any other legislation in British Columbia or elsewhere

- YES NO

PART 6 – BANKRUPTCY, JUDGMENTS, CIVIL OR CRIMINAL PROCEEDINGS

Are you subject to a charge or indictment, or have you been convicted under any law of any province, state or country?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you personally, or has any business of which you were an officer, director or partner ever been subject to bankruptcy proceedings?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are there any pending legal proceedings against you or any business of which you were an officer, director or partner?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
In the last 5 years has any judgment ever been rendered against you personally, or against any business of which you were an officer, director or partner, in any civil court in British Columbia or elsewhere, for any reason whatsoever?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If YES, has the judgment been satisfied?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
To your knowledge, are you currently the subject of an investigation by any law enforcement or regulatory agency in British Columbia or elsewhere?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

For any of the questions in Section 5 or 6 to which you have answered YES, you must provide complete details as an exhibit using the same numbering as on this application.

WARNING:

Any application containing a false statement may result in the refusal, suspension or cancellation of any registration.

PART 7 – APPLICANT CERTIFICATION

I, the undersigned, certify that I am the applicant herein for registration or approval and the statement of facts made by me in this application and in the exhibits attached, if any, are true and complete.

SIGNATURE OF DIRECTOR

PRINT NAME

DATE SIGNED

PART 8 – CERTIFICATION BY THE DESIGNATED INDIVIDUAL

I, the undersigned, certify that I am the applicant herein for registration or approval and the statement of facts made by me in this application and in the exhibits attached, if any, are true and complete.

SIGNATURE OF DESIGNATED INDIVIDUAL

PRINT NAME

DATE SIGNED