



**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](mailto:info@bcfsa.ca)

- 2. This form is for the use of extrajvincial trust corporations that are seeking authorization under section 160 of the *Financial Institutions 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 business authorization, 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 authorization to conduct (select all that apply):

Deposit Business

Trust Business

To conduct deposit business in British Columbia, a trust corporation must be a member institution of the Canada Deposit Insurance Corporation.

Name of Financial Institution

Jurisdiction of Incorporation

Head Office Address

Registered Address

Records Office Address

Branch Office Address(es) in British Columbia

**PART B – APPLICATION CONTACT DETAILS**

Individual's Name

Title

Email Address

Phone Number

## PART C – OTHER BUSINESS ACTIVITIES

Please describe any other financial or related services that the financial institution intends to carry on that does not constitute business for which a business authorization is required under the *Financial Institutions Act*.

## PART D – DIRECTOR INFORMATION

Name	Street Address	City	Postal Code	Email	Phone Number

## PART E – OFFICER INFORMATION

Name	Street Address	City	Postal Code	Email	Phone Number

## PART F – SHAREHOLDER INFORMATION

Please complete in respect of individual shareholders that hold 10 per cent or greater of voting rights in the trust corporation (directly/indirectly):

Name	Street Address	City	Postal Code	Email	Per Cent Ownership (total)

## PART G – EXTERNAL AUDITOR INFORMATION

Name of Firm	Name of Partner
Address	
Email Address	Phone

## PART H – COMMITTEES OF THE BOARD

Please enter title of Committee here	Please list the names of the members of the Committee
Please enter title of Committee here	Please list the names of the members of the Committee
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## PART I – 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 authorization 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

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 authorization 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