



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

- 2. This form is for the use of Credit Unions, Trust Companies and Insurance Companies incorporated in British Columbia that are seeking authorization under section 61 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
Insurance Business

Name of Financial Institution

Incorporation Number

PART B – APPLICATION CONTACT DETAILS

Name

Title

Email Address

Phone Number

PART C – APPOINTED ACTUARY INFORMATION (FOR INSURANCE COMPANIES ONLY)

Name of Firm	Name of Appointed Actuary
Address	
Email Address	Phone

PART D – EXTERNAL AUDITOR INFORMATION

Name of Firm	Name of Partner
Address	
Email Address	Phone

PART E – 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 F – COMMITTEES OF THE BOARD

Please enter title of Committee here	Please list the names of the members of the Committee
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PART G – 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 of a financial institution 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

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Signature