

## 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. Excepting the certifying signatures, this form must not be handwritten.

3. Please submit the completed form, along with all other requirements in respect of the request for review, to the Statutory Approvals Team at [statapprovals@bcfsa.ca](mailto:statapprovals@bcfsa.ca).

### PART A – REQUEST DETAILS

Please enter the name to be registered

Please list any other names that the entity under which the entity is authorized to conduct business.

The name to be registered (select one)

- Corporate Name
- Trade name / Business Name (“DBA”)

Type of entity (select one)

- Sole Proprietorship/Partnership
- BC-incorporated Company
- Extraprovincial Corporation
- Society
- Other

Please provide a detailed description of the nature of the business the entity intends to carry on in British Columbia

Is the entity incorporated in another jurisdiction?

- Yes
- No

If yes, where? The Certificate of Incorporation or other authorizing documents must be provided

## PART B – AUTHORIZED BUSINESS

Is the entity authorized to conduct insurance, deposit, or trust business in another jurisdiction?

Yes

No

If yes, where? A copy of the authorization must be provided

Is the entity an insurance agency, insurance brokerage or claims adjusting firm?

Insurance Agent

Insurance Broker

Claims Adjusting Firm

Not applicable

If the entity is an insurance agent, insurance broker or claims adjusting firm, it must be authorized by the Insurance Council of British Columbia. Please provide a copy of the license. If the license has not been obtained yet, the entity must provide written confirmation that it intends to apply for a license with the Insurance Council of British Columbia and provide a copy to this office immediately upon receipt.

## PART C – CONTACT DETAILS

Please Provide Full Name of Applicant

Name of Representative (if applicable)

Email Address

Phone Number

Mailing Address of Applicant