



Financial Institutions Commission

Ministry of Finance

APPLICATION FOR BUSINESS AUTHORIZATION

for Trust Companies, Insurance Companies and Credit Unions Form 8

INSTRUCTIONS

1. This form is required pursuant to section 61 of the *FINANCIAL INSTITUTIONS ACT*.
2. This form **must** be typewritten or printed.
3. All applicable information **must** be provided. Attach additional typed/printed sheets as necessary.
4. Upon completion, please forward this form together with all attachments to the Financial Institutions Commission, Suite 2800, Box 12116, 555 West Hastings Street, Vancouver, BC V6B 4N6
5. All material requested must be submitted at the same time.

Freedom of Information and Protection of Privacy Act

The information requested on this form is collected under the authority of and used for the purpose of administering the *Financial Institutions Act* and the *Credit Union Incorporation Act*. If you have any questions about the collection or use of this information, contact the Freedom of Information Coordinator, (604-960-3555), Suite 2800, Box 12116, 555 West Hastings Street, Vancouver, BC V6B 4N6.

A. APPLICANT DETAILS

1. APPLICATION FOR BUSINESS AUTHORIZATION FOR:

Deposit Business Trust Business Deposit and Trust Business Insurance Business

2. NAME OF COMPANY/CREDIT UNION: _____

3. HEAD OFFICE ADDRESS: _____

4. TELEPHONE NUMBER: _____ 5. FAX NUMBER: _____

6. INCORPORATION NUMBER: _____

7. (i) CONTACT PERSON: _____

(ii) TITLE: _____

B. BUSINESS AUTHORIZATION FEES

Attach the business authorization application fee, in the amount set out in the *Financial Institutions Fees Regulation*, made payable to the Minister of Finance.

C. DEPOSIT BUSINESS FOR DEPOSIT BUSINESS OR DEPOSIT AND TRUST BUSINESS APPLICANTS ONLY.

In the case of a trust company, attach a letter of "no objection" from the Canada Deposit Insurance Corporation, or an approved deposit insurer.

D. INSURANCE BUSINESS FOR INSURANCE BUSINESS APPLICANTS ONLY.

1. Business Authorization to be confined to: LIFE INSURANCE BUSINESS GENERAL INSURANCE BUSINESS
 LIFE AND GENERAL INSURANCE BUSINESS SPECIFIC CLASS OR CLASSES OF INSURANCE

2. Name of Actuary: _____

3. Address: _____

4. Telephone Number: _____

5. Attach a letter of no objection or evidence of membership from an approved insurance compensation plan in respect to classes of insurance permitted under business authorization.

E. FINANCIAL STATEMENTS

1. Name of Auditor: _____
2. Address: _____
3. Telephone: _____
4. Attach interim financial statements ending the month preceding this application including a balance sheet and income statement.

F. COMMITTEES

1. List members of audit committee: _____

2. List members of investment and loan committee: _____

3. List members of conduct review committee: _____

4. Attach a copy of the written investment and lending policies and conduct and review polices and procedures.

G. PLAN

Detail and explain any material changes to the business plan that was submitted with the application for incorporation or provide a business plan for the business authorization requested in this application.

H. OTHER BUSINESS

List any other financial or related services that the financial institution will be carrying on that does not constitute business for which a business authorization is required.

CERTIFICATION

I, the undersigned, hereby certify that the foregoing statements are true, correct and compete to the best of my knowledge, information and belief and hereby undertake to notify the Financial Institutions Commission immediately in writing of any material change therein.

SIGNATURE

TITLE

DATE SIGNED
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