



COURIER: 307-3450 Uptown Blvd., Victoria, BC V8Z 0B9
MAIL: PO Box 9244, Victoria, B.C. V8W 9J2
FAX: 250.920.7181 P 604.320.1664 TF 1.888.777.4393
www.consumerprotectionbc.ca

**DEBT COLLECTION
Annual Financial Report**

NOTES:

- 1) This form covers your most recent fiscal year and must be filed with the Director within 90 days after the end of the fiscal year covered. **There will be a \$210.00 late filing charge if not received by this date.**
- 2) In this form, "Act" means the *Business Practices and Consumer Protection Act* and "agency" means a collection agent licensed under this Act.
- 3) If space is insufficient, attach schedules giving the information requested.
- 4) This form is to be signed:
 - a) in the case of a sole proprietorship, by the proprietor;
 - b) in the case of a partnership, by the senior partner;
 - c) in the case of a corporation, by an authorized signing officer(s).

The following information is given with respect to _____
 [name of agency]

Licence no: _____ for the 12 month period ended _____
 [usually for the Fiscal Year]

All trust bank accounts operated in British Columbia during the period were:

Bank Name & Branch Address	Account No.	Period operated if less than the report period
_____	_____	_____
_____	_____	_____

The names of the officers, directors or owners of the agency at any time during the period were:

Name:	Position Held:	Give dates if less than the report period
_____	_____	_____
_____	_____	_____
_____	_____	_____

Gross Trust Funds collected in BC or from British Columbians during this period \$ _____

Less Commissions thereon \$ _____

Equals Trust Funds due clients (the security requirement is 10% of this amount rounded up to the nearest thousand dollars to a maximum amount of \$50,000) \$ _____

I/We hereby certify that the foregoing information is true and correct.

Full name of Agency (*type or print*) _____

Full Address _____
 (street, city, postal code)

Telephone: _____ Fax: _____

Name (<i>type or print</i>)	Signature	Title	Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____