



Courier: 307-3450 Uptown Blvd. Victoria, BC V8Z 0B9
Mail: PO Box 9244, Victoria, BC V8W 9J2
Fax (250) 920-7181 **P:** (604) 320-1664 **TF:** 1 888 564-9963
Email: operations@consumerprotectionbc.ca
 www.consumerprotectionbc.ca

**Debt Collection and
Debt Repayment**

Notice of Change
Business Information

BUSINESS NAME: _____

DOING BUSINESS AS: _____

LICENCE NUMBER: _____

TYPE OF CHANGE

Effective Date of Change: _____

- CHANGE OF LICENSED LOCATION - \$FEE REQUIRED, \$57**
- MY LICENSED LOCATION IS ALSO MY MAILING ADDRESS**
- CHANGE OF CORPORATE NAME - \$FEE REQUIRED, \$57**
- CHANGE / ADDITION / DELETION OF TRADE NAME - \$FEE REQUIRED, \$57**
 Attach a notice from the BC Registrar of Companies certifying the change of Corporate Name and/or Trade Name(s), and attach copies of any other required documents showing change of name (i.e. bond, letter of credit, safekeeping agreement, trust accounts)
- CHANGE OF PHONE, FAX, MAILING ADDRESS OR EMAIL ADDRESS ONLY - No charge**
- CHANGE OF CORPORATE OFFICE ADDRESS ONLY - No charge**
- CHANGE OF FISCAL YEAR-END (New Year-End (M) _____ (D) _____) - No charge**
 Attach approval of filing change with Canada Revenue Agency if no change of company control.

DETAILS OF CHANGE

From: _____

To: _____

Signature: _____
 Authorized Signing Officer

Date: _____

Name: _____
 Please Print

Title: _____

Signature: _____
 In case of partnership only

Date: _____

Name: _____
 Please Print

Title: _____

PLEASE MAIL OR FAX THIS FORM WITH PAYMENT TO CONSUMER PROTECTION BC

Notice of Change fee may be paid by cheque payable to Consumer Protection BC or by credit card. Include credit card authorization form available at www.debtrightsbc.ca

Notice of Change fee is non-refundable

A service charge applies to dishonoured payments. Please see current fee schedule.



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Credit Card Payment Authorization Form



To pay by credit card, please complete form and submit with your request.

Payment is for: _____ **Licence Number:** _____
 (E.g. Renewal, New Application, Changes, etc.) (if known)

Business Name: _____

Cardholder Name: _____

Billing Address: _____

Contact Phone: _____

Card Type: American Express MasterCard Visa

(Note: Only American Express, MasterCard and Visa are currently accepted)

Payment Option 1

Maximum payment authorized \$ _____

Payment Option 2

I authorize Consumer Protection BC to charge my credit card the necessary amount required to process my documents or to perform my required services.

Credit Card Number:

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Expiry Date (m)

--	--

 (y)

--	--

CVV Number

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Cardholder Signature: **X** _____

OFFICE USE ONLY
Receipt # _____
Date _____
Amount _____
Auth. # _____

Privacy Statement: Your completion of this authorization form helps us to protect you from credit card fraud. All information entered on this form will be kept strictly confidential by Consumer Protection BC.