



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
www.consumerprotectionbc.ca

Savings Institution
 VERIFICATION & AUTHORIZATION
 FINANCIAL AND TRUST ACCOUNTS

This document must be completed, signed and attached to a new licence application or submitted to our office whenever the licensee changes its savings institution or trust account.

I/we, _____, hereby irrevocably give
(Name of Applicant/Licensee)
 consent to the Director, Consumer Protection BC to obtain any financial information about the accounts noted below from the savings institution noted below and we authorize the savings institution to disclose the information to the Director. I/we further authorize the savings institution to apply any property freezing order issued by the Director against our property that it holds on deposit, under its control or for us for safe keeping, regardless of the jurisdiction of the property.
 I/we also certify that I/we have opened and will use the trust account(s) listed below, in accordance with the applicable Regulation to the *Business Practices and Consumer Protection Act*.

_____ <small>(Signature - Authorized Signing Officer of Applicant/Licensee)</small>	_____ <small>(Signature - Authorized Signing Officer of Applicant/Licensee)</small>
_____ <small>(Printed Name of Authorized Signing Officer)</small>	_____ <small>(Printed Name of Authorized Signing Officer)</small>
_____ <small>(Position)</small>	_____ <small>(Position)</small>

VERIFICATION BY SAVINGS INSTITUTION

We, _____
(Name of Savings Institution)

(Address) (_____) _____
(Telephone No.)

(City, Prov/St, Postal/Zip Code, Country) (_____) _____
(Facsimile No.)

hereby certify that the above noted business has opened the following accounts, in the above noted branch and that the accounts listed in (1) and (2) below are recognized by us and designated in our records as trust accounts. We further confirm that we will comply with a written direction from the Director to provide any information about the accounts or to hold property of the licensee we hold on deposit, under our control or by us for safe keeping, provided the directions are issued in accordance with Sections 150, 151 or 159 of the *Business Practices and Consumer Protection Act*.

	<u>Account Number</u> <small>(Please include the transit no.)</small>	<u>Legal Jurisdiction of Account</u> <small>(e.g. BC, AB, CA, etc.)</small>
(1) Trust Account (CAD)	_____	_____
(2) Trust Account (USD)	_____	_____
(3) General Account (CAD)	_____	_____
(4) General Account (USD)	_____	_____
(5) Other Account	_____	_____

(Signature - Authorized Signing Officer of Savings Institution)

(Printed Name of Authorized Signing Officer)

(Date)

Bank Stamp