



**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. **A late filing charge applies if not received by the filing due date.**
- 2) In this form, "Act" means the *Business Practices and Consumer Protection Act* and "agency" means a debt repayment 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: \_\_\_\_\_  
**Fiscal year end**

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

<b>Bank Name &amp; Branch Address</b>	<b>Account No.</b>
_____	_____
_____	_____

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

<b>Name:</b>	<b>Position Held:</b>	<b>Give dates if less than the report period</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**See note below: Total gross amount collected by your agency**  
from British Columbians (excluding any applicable federal or provincial sales taxes) for the 12 month period ended. \$ \_\_\_\_\_

**Please note that the amount to be reported for your annual reporting to Consumer Protection BC is the total gross collections your agency collected or that resulted in payments directly from British Columbia debtors to creditors during the reporting period. (i.e. inclusive of all payments whether made to you or made directly to a creditor by the debtor for which your agency was paid a fee or commission.)**

**Less fees or commissions** (excluding any applicable federal or provincial sales taxes) \$ \_\_\_\_\_

**Equals funds received or collected** \$ \_\_\_\_\_

Note: (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 (*print*) \_\_\_\_\_

Full Address \_\_\_\_\_  
(street, city, postal code)

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

<b>Name (print)</b>	<b>Signature</b>	<b>Title</b>	<b>Date</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____