

COURIER: 321-3600 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

Employee Termination DEBT REPAYMENT EMPLOYEE

Pursuant to Section 11(2)(c) and (3) of the Debt Collection and Repayment Regulation under the *Business Practices & Consumer Protection Act*, the debt repayment agent must complete the following section below and return the employee licence certificate to the Director of Consumer Protection BC for every employee ceasing employment with the debt repayment agent.

Employee Name: Print last name Print first name Print first name Print middle name or initial				
	Print last name	Print first name	Print middle name or initial	
Employee Licence #:				
En	Employee Termination Date:			
Re	eason for termination:			
<u> </u>		arily quit, retired or accepted employment with another debt repayment agent or other employer ated for unreasonable debt repayment practices (please provide a brief summary of the unreasonable e(s) below)		
	Terminated for dishonesty Terminated for other reason not related to any of the above			
Αι	nthorized Signing Officer of debt repa	yment agent:	Date	
		Print name		