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Debt Repayment Agent
 Employee Inter-Office Transfer Form

Pursuant to Section 11(2) (b) of the Debt Collection and Repayment Regulation, all licensees must inform the Director in writing immediately upon any change in employment status. All current licences must be electronically deleted upon ceasing employment with that employer.

Name of Debt Repayment Agent _____
 Employee's Licence # _____
 Home Address _____
 Home Telephone # _____ E-Mail: _____
 Effective Date of Change _____

DETAILS OF CHANGE

From location Licence number: _____
 From Location Address: _____
 To Location Licence Number: _____
 To Location Address: _____

Employee Signature	Date
Signature of Authorized Signing Officer for Employer	Date
Name	Title

Pay by cheque or money order, or
 Pay by Credit Card – complete [credit card authorization form](#) using Visa, Mastercard or American Express.

Application fees are non-refundable. See [current fee schedule](#) A service charge will be applied for any dishonoured payments.

Send completed application form, applicable attachments and application fee by mail or by email.

Email operations@consumerprotectionbc.ca

Mail Consumer Protection BC
 PO Box 9244
 Victoria, BC V8W 9J2

Courier Consumer Protection BC
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