



Courier: 307-3450 Uptown Blvd. Victoria, BC V8Z 0B9
Mail: PO Box 9244 Victoria, BC V8W 9J2
Fax: (250) 920-7181 **Ph:** (604) 320-1664 **Toll free:** 1 888 564.9963
Email: operations@consumerprotectionbc.ca
 www.consumerprotectionbc.ca

**Notice of Change
Business Information**

Travel Agent/Wholesaler
Accommodation Provider/Wholesaler

AGENCY NAME: _____
DOING BUSINESS AS: _____
LICENCE NUMBER: _____

TYPE OF CHANGE

Effective Date of Change: _____

- CHANGE OF LICENSED LOCATION ADDRESS - \$FEE REQUIRED, \$57**
RESIDENTIAL LOCATION? YES
If operating from a residence or changing residential location, you must include statutory declaration and new municipal business licence. See www.consumerprotectionbc.ca – travel – forms.
- MY NEW 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 any other required documents showing change of name (i.e. bond, letter of credit, safekeeping agreement, trust accounts)
- CHANGE OF LOCATION MANAGER, PHONE, FAX, OR EMAIL - No charge**
- CHANGE OF BUSINESS MODEL TO TRAVEL AGENT ONLY: Retail _____ Wholesaler only _____ Both _____ - No charge**
 Please note that your selection may impact your current provided security. Please consult Security Requirements for potential security changes. See www.consumerprotectionbc.ca – travel – forms.
- CHANGE OF CORPORATE OFFICE ADDRESS ONLY - No charge**
- CHANGE OF TRUST BANK ACCOUNT(S) - No charge**
 Attach Verification of Financial Account Information form. See www.consumerprotectionbc.ca – travel – forms.
- 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:** _____

Authorized Signature: _____
Date: _____
Name: _____
 Please Print
Title: _____

Please mail or fax this form with applicable payment to Consumer Protection BC

Cheques in Canadian Funds: Payable to Consumer Protection BC. Credit Card: Include Consumer Protection BC Credit Card Payment Authorization Form. See www.consumerprotectionbc.ca – travel – forms.

A service charge applies on 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)

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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.