



**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**  
 Corporate Officers

**\$FEE REQUIRED, PLEASE SEE CURRENT FEE SCHEDULE**

**BUSINESS NAME:** \_\_\_\_\_  
**DOING BUSINESS AS:** \_\_\_\_\_  
**LICENCE NUMBER:** \_\_\_\_\_

**Notice of Change for Senior Officers**

The *Business Practices and Consumer Protection Act* and the *Cremation, Interment and Funeral Services Act* require that any changes to senior officers of a corporation be immediately reported to the Director.

**Effective Date of Change** \_\_\_\_\_ - **\$FEE REQUIRED, PLEASE SEE CURRENT FEE SCHEDULE**

Each new officer residing in Canada must complete an online criminal record check, within one day of sending this application, by going to the following link: <http://www.sterlingtalentsolutions.ca/Consumer-Protection-BC> and following the instructions for completion. Please note, once complete a copy will be sent directly to Consumer Protection BC. For more information please visit our website <https://www.consumerprotectionbc.ca/component/content/article/163-about-cpa/general/1359-criminal-record-check>

**NOTE TO APPLICANTS FROM OUTSIDE CANADA:** Please arrange for and submit a certified criminal record check from your home jurisdiction for each new applicant named below.

- Any new officer with 2 or more bankruptcies must disclose details with this application. (Attach details on separate sheet.)

For Debt Collection and Debt Repayment

- Attach a personal credit report for any new senior officer dated within 6 months of this notice. See the Debt Collection checklist for details.

Please note: a criminal record check does not apply to businesses who hold a licence for General Release Motion Picture Retailer or General Release Motion Picture Distributor (1 Title).

**Include supporting documentation from BC Registry Services. Examples of documentation are listed here but are not limited to: Notice of Change of Directors, Notice of Alteration, and Notice of Articles.**

Current List of Senior Officers (Corporations)				
NAMES IN FULL	RESIDENCE		POSITIONS HELD	New?
	PHONE	ADDRESS		
	( )		<input type="checkbox"/> President <input type="checkbox"/> Treasurer <input type="checkbox"/> Secretary <input type="checkbox"/> Chief Operating Officer	<input type="checkbox"/> Y <input type="checkbox"/> N
	( )		<input type="checkbox"/> President <input type="checkbox"/> Treasurer <input type="checkbox"/> Secretary <input type="checkbox"/> Chief Operating Officer	<input type="checkbox"/> Y <input type="checkbox"/> N
	( )		<input type="checkbox"/> President <input type="checkbox"/> Treasurer <input type="checkbox"/> Secretary <input type="checkbox"/> Chief Operating Officer	<input type="checkbox"/> Y <input type="checkbox"/> N
	( )		<input type="checkbox"/> President <input type="checkbox"/> Treasurer <input type="checkbox"/> Secretary <input type="checkbox"/> Chief Operating Officer	<input type="checkbox"/> Y <input type="checkbox"/> N

Authorized Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Please mail or fax this form with supporting documentation and applicable payment to Consumer Protection BC  
 If paying by cheque, the amount is in Canadian Funds: Payable to Consumer Protection BC. If paying by credit card, include Consumer Protection BC credit card payment authorization form available from our website.  
 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** \_\_\_\_\_

<b>OFFICE USE ONLY</b>
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.