

**COURIER:** #321-3600 Uptown Blvd. Victoria, BC V8Z 0B9 **MAIL:** PO Box 9244 Victoria, B.C. V8W 9J2 **FAX:** (250) 920-7181 **TF:** 1 888.564.9963

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## High-Cost Credit Grantor Notice of Change **Business Information**

| BUSINESS INFORMATION   |  |
|--|--|
| Licensee Name:   |  |
| Doing Business As:   |  |
| Licence Number:  | Effective Date of Change:  |
| within 14 days of the occurrence obusiness; (b) if the licensee is a co  | Cost Credit Product Regulation, a licensee must submit the following information to the director (a) a change in the address for the head office or for a location from which a licensee conducts poration (i)a change in the senior officers, as defined in the <u>Business Corporations Act</u> , of the the beneficial ownership of the shares of the licensee. |
|  | TYPE OF CHANGE   |
| Provide municip The licensed loo If Yes, a Statute Change of Mailing Add Change of Corporate Change of Corporate N Provide certifica Change in Location Ma | ice Address me: addition / Deletion of Trade Name or Web Domain Name **Fee Required** e from BC Registrar of Companies certifying the change ager, Licensing Contact, Complaints Contact   |
| □ Change of Phone, Fax,  | DETAILS OF CHANGE  |
| From:  | То:  |
|  |  |
| Authorized signing officer: Signature  | Print Name   |
| Date   | Title  |
|  | APPLICATION FEE (see current fee schedule)   |
| Application fees are non-refund  |  |

Email:

businesspractices@consumerprotectionbc.ca