



COURIER: 321-3600 Uptown Blvd. Victoria, BC V8Z 0B9
MAIL: PO Box 9244 Victoria BC V8W 9J2
FAX: (250) 920-7181 **TF:** 1 888.564.9963
EMAIL: operations@consumerprotectionbc.ca
www.consumerprotectionbc.ca

HIGH-COST CREDIT GRANTOR
Statutory Declaration
Residence Is
A Place of Business

STATUTORY DECLARATION

In the application for a high-cost credit grantor licence, I request the business location to be the same as my residence, at the following address:

.....
(street address, city, province/state, postal code/zip)

and agree to the following:

CANADA: PROVINCE OF BRITISH COLUMBIA TO WIT:	IN THE MATTER OF THE <i>BUSINESS PRACTICES AND CONSUMER PROTECTION ACT</i>
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I,
(Name in Full of the Licence Applicant)

of in the Province of British Columbia, or
(city or town) (other province/state)

solemnly declare that:

1. I/We am/are the applicant(s) in the attached application, which I/We have signed; and
2. I/We have attached a copy of my municipal licence authorizing the operation of a high-cost credit grantor business from the location specified above and in the application for a high-cost credit grantor licence.
3. I/We have a distinct and identified location from which the high-cost credit grantor business will be operated in the location specified in the application for a high-cost credit grantor licence suitable for the purpose of operating a high-cost credit grantor business.
4. I/We give an undertaking to maintain all business records and information of the high-cost credit grantor business in the identified area.
5. I/We undertake to publicly disclose the residential address and other contact information of the identified location to consumers. I/We understand that a post office box is not acceptable.
6. I/We give an undertaking to give the Director or their authorized representative prompt physical access to the identified location for lawful purposes related to the administration and enforcement of the *Business Practices and Consumer Protection Act*.
7. I/We certify that the information contained in this statutory declaration is true and correct and I/We make this solemn declaration conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath.

Signature: Print Name:

Date: Title: