

APPLICATION FOR A LICENCE AS A COLLECTION AGENT

1. (a) Name of applicant _____
(business or firm name)

(b) Head office address _____ Tel: _____
no. street city postal code
Fax: _____

(c) Address of place of _____ Tel: _____
business in Manitoba no. street city postal code
Fax: _____

2. The applicant is:
- (a) A sole proprietorship owned by the following person:
 - (b) A partnership comprised of the following:
 - (c) A corporation of which the following persons are directors or officers, or both:

For each person listed in clause (a), (b) or (c), complete the following table:

Full Name (maiden name, if applicable)	Full postal address	Length of time at present residence	Position held	Date of birth	Place of birth

3. The applicant is presently licensed as a collection agent in the provinces of: _____

4. Has the applicant or any of the persons named in item 2
(a) been refused a business licence or had a business licence suspended or cancelled under any federal, provincial or territorial law
within the last 10 years?
Yes No If yes, specify: _____

(b) been convicted of an offence under any federal, provincial or territorial law, within the last 10 years, or are any actions now pending?
Yes No If yes, specify: _____

(You may be required to provide a criminal record check.)

(c) been an undischarged bankrupt or been involved as owner, director or officer of any firm or business or had a business that within the last 10 years was declared bankrupt during the period of their involvement?

Yes No If yes, specify: _____

5. Trust account under subsection 108(1) of the *Act* — provide trust account information for financial institutions in Manitoba:

Name	Branch address

6. Name and address of auditing firm: _____

7. Date of the applicant's fiscal year end: _____

8. The gross amount of monies collected in Manitoba in the applicant's last fiscal year including commissions: _____

I declare that the above statements are true.

(Corporate seal, if any)

Per: _____
(signature) (position or title)

Per: _____
(signature) (position or title)

DATED AT _____ this _____ day of _____, 20_____.

DECLARED before me at _____

In the province of _____

this _____ day of _____, 20_____

Signature of a Commissioner of Oaths

in and for the Province _____

My commission expires on the _____ day of _____, 20_____.

PLEASE COMPLETE EVERY ITEM OF THE APPLICATION

Return to: Director, Consumer Protection Office
Department of Justice
302 - 258 Portage Avenue
Winnipeg, MB R3C 0B6

with a cheque, money order or equivalent, payable to the **Minister of Finance, Government of Manitoba**, in the amount of the fee prescribed by regulation and set out in the attached cover letter.

NO REFUND OF THE FEE WILL BE MADE ONCE THE COLLECTION AGENT'S LICENCE HAS BEEN ISSUED.

If the statutory declaration is made outside Manitoba, make sure that the person taking the statutory declaration has the authority to do so for a document to be used in Manitoba.

Information is being collected under the authority of *The Consumer Protection Act* and will be used to consider this application for registration. If you have any questions regarding the application, please contact the Consumer Protection Office (204) 945-3800 or toll free in Manitoba 1-800-782-0067. Please note that information given on this application may be verified.