



The Mortgage Brokers Act Application for Mortgage Broker's Licence

For Office Use Only

| |
|----------------------|
| Receipt No _____ |
| Receipt Amount _____ |
| Tracking No _____ |
| Effective Date _____ |

Type of Business

1 Corporation Partnership Sole Proprietor

Corporation or Partnership

2 Legal Name of Business

Sole Proprietor

3 Last Name _____ First Name _____ Middle Initial(s) _____

Business Operating/Trade Name (if applicable)

4 _____

Name of Contact Person

5 _____

Mailing Address of Business

6 Street Name and No. _____
 P.O. Box / R.R. No. _____ City/Town _____
 Province _____ Postal Code _____

Location of Business

7 Street Name and No. _____
 City/Town _____
 Province _____

Contact Information

8 Business Telephone _____ Business Fax _____ E-Mail Address _____ Business Registration No. (if applicable) _____

Criminal Record Screening

9 Have you or any partners, officers, directors or contact persons for your business been charged with any criminal offence under any statute of the Parliament of Canada in the past five years? Yes No
 If yes, please attach particulars.

Have you or any partners, officers, directors or contact persons for your business been convicted or found guilty of an offence under the law of any country, state or province in the past five years? (Include absolute discharge and conditional discharge.) Yes No
 If yes, please attach particulars.

Personal Information (to be completed by a sole proprietor and the contact person for a corporation or partnership)

10 Residence Mailing Address _____ City/Town _____ Province _____ Postal Code _____
 Residence Telephone _____ Residence Fax _____ E-Mail Address _____

Sex Male Female Date of Birth Y Y Y Y M M D D _____ Place of Birth _____ Social Insurance Number _____

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Certification

I, _____ certify that I am the applicant, or an officer, director or partner of the applicant and am properly authorized to make this application; that all applicable municipal, provincial and federal laws shall be observed; that all the information given by me is true and complete and that I realize failure to provide full and true information may result in suspension or revocation of the licence.

Name (please print)

Date

Y Y Y Y M M D D
/ /

Signature of Applicant

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Routing Information

Please return completed form by mail to Financial Services Regulation Division, Service NL, P. O. Box 8700, St. John's, NL Canada A1B 4J6 or by courier to Financial Services Regulation Division, 2nd Floor West Block, Confederation Building Prince Philip Parkway, St. John's, NL or for more information Telephone: (709) 729-2595 or Fax: (709) 729-3205.

PRIVACY NOTICE

The Financial Services Regulation Division collects Personal Information relating to mortgage brokers under the authority of the *Mortgage Brokers Act*. Personal information collected by the Government of Newfoundland and Labrador is protected under the Access to Information and Privacy (ATIPP) Act. If you have any questions about the collection or use of this information, please contact our office.