

Personal information is collected under the authority of s. 26(c) of the *Freedom of Information and Protection of Privacy Act*. The information will be used and retained for purposes of administering the *Insurance (Captive Company) Act*, the *Insurance Act*, and the *Financial Institutions Act*. Should you have any questions about collection of this personal information, please contact the Freedom of Information Analyst at 604-660-3555, Suite 2800 – 555 West Hastings Street, Vancouver, B.C. V6B 4N6.

## A. REQUEST DETAILS

### 1. Name to be Registered:

### 2. Nature of Intended Business:

### 3. Is the entity incorporated in another jurisdiction? YES NO

If Yes, where?

You MUST attach a copy of the certificate of incorporation.

### 4. Is the entity licensed or authorized to conduct insurance or trust business in another jurisdiction? YES NO

If Yes, where?

You MUST attach a copy of the license or authorization.

### 5. Does the entity operate under a different name? YES NO

If Yes, What?

You MUST attach a copy of the license or authorization.

### 6. If the entity is an insurance agency/broker/adjusting firm, has it applied for an insurance license with the Insurance Council of British Columbia? YES NO

## B. INSTRUCTIONS FOR THOSE CURRENTLY LICENSED/AUTHORIZED IN ANOTHER JURISDICTION

Section 252(2) of the FIA provides that a person commits an offence who (i) uses any of the words "trust", "trustee", "deposit", "loan", "insurance", "assurance", or "insurer", or any other words in connection with the business of a person, in a way likely to

(i) deceive or mislead the public about the ability of the person to undertake trust business, deposit business or insurance business, or

(ii) give a false impression that the person is a trust company or an insurance company, as the case may be.

Please refer to the following information bulletin [http://www.fic.gov.bc.ca/pdf/info\\_bulletins/FI-16-001.pdf](http://www.fic.gov.bc.ca/pdf/info_bulletins/FI-16-001.pdf)

## C. CONTACT DETAILS

Full Name:

Mailing  
Address:

Daytime  
Phone #:

E-mail  
Address:

Please submit this form, along with all supporting documents, to [statapprovals@ficombc.ca](mailto:statapprovals@ficombc.ca).  
Should you have any questions please contact Statutory Approvals at 604-660-3408 or at [statapprovals@ficombc.ca](mailto:statapprovals@ficombc.ca).