



Government of
Saskatchewan



Consumer Credit Division
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Regina SK Canada S4P 4H2
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BROKERS / ASSOCIATES

NOTICE OF NEW CONTACT INFORMATION

Legislative Requirements

The Mortgage Brokerages and Mortgage Administrators Act (the “Act”) requires every licensee to notify the Superintendent of Financial Institutions (the “Superintendent”) in writing if there are changes to any of the following contact information:

- Mailing address
- Business address
- Address for service
- Telephone number
- Fax number
- Email address

A licensee that does not notify the Superintendent in writing of a change in contact information within seven days can be subject to regulatory action.

General Instructions

Complete the attached form and submit it to the Superintendent within seven days of the effective date of the change. Please answer all questions.

How to submit the form

The form should be delivered to the office of the Superintendent by mail, email or fax to the address above within seven days of the effective date of the change.

If you have any questions, please contact the Consumer Credit Division of the Financial and Consumer Affairs Authority at (306) 787-6700.

BROKERS / ASSOCIATES

NOTICE OF NEW CONTACT INFORMATION

Name of Broker/Associate _____

Licence # _____

Instructions

Use this form to provide updated contact information. For each item, please check yes or no and fill in any updated information on the line provided.

Item	Change?	Updated Information
Mailing Address	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, changed to: _____ _____ Number Street _____ City Province Postal Code
Business Address	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, changed to: <input type="checkbox"/> Same as updated Mailing above address, or _____ Number Street _____ City Province Postal Code
Address for Service	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, changed to: <input type="checkbox"/> Same as updated Business address above, or _____ Number Street _____ City Province Postal Code
Phone Number	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, changed to: (_____) _____
Fax Number	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, changed to: (_____) _____
Email Address	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, changed to: _____

Signature of Broker/Associate _____

Date (mm/dd/yyyy) _____

(see information provided on page 1)