



Government of
Saskatchewan



Consumer Credit Division
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Regina SK Canada S4P 4H2
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Website: www.fcaa.gov.sk.ca
Email: fid@gov.sk.ca

BROKERS / ASSOCIATES

REINSTATEMENT OF SUSPENDED LICENCE

Legislative Requirements

Section 15 of *The Mortgage Brokerages and Mortgage Administrators Act* (the “Act”) states that a broker or associate (an “individual”) that ceases to broker mortgages on behalf of the mortgage brokerage listed on their licence has their licence automatically suspended. Additionally, if the brokerage ceases to hold a valid licence then all individuals brokering on behalf of that brokerage are automatically suspended. Individuals who have their licence suspended cannot broker mortgages until their licence is reinstated.

When a licence has been suspended under section 15 of the Act, section 12 of *The Mortgage Brokerages and Mortgage Administrators Regulations* (the “Regulations”) allows the Superintendent of Financial Institutions (“Superintendent”) to cancel that licence unless it is reinstated within 30 days of the suspension.

Reporting Changes in Contact Information

Individuals are reminded that the Act and Regulations require every licensee to immediately notify the Superintendent in writing of a change to their address for service, fax number, email address or telephone number. Individuals seeking to have their licence reinstated must ensure they provide all updates to their information.

General Instructions

In order to have their licence reinstated, an individual will need to submit the attached form, pay the reinstatement fee of \$100, and receive confirmation their licence has been reinstated. Please make all cheques payable to the Minister of Finance. The individual will be informed of the date the licence is reinstated; individuals should not assume their licence has been reinstated until they have received confirmation from the Superintendent. This confirmation will normally be sent by email to the address provided by the individual.

How to Submit the Form

The attached form should be delivered to the office of the Superintendent by mail, email or fax to the address above.

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

BROKERS / ASSOCIATES

REINSTATEMENT OF SUSPENDED LICENCE

Notification from Broker / Associate

I _____ hereby confirm that once my
Name of Broker/Associate

licence has been reinstated, I am authorized to broker mortgages on behalf of:

Legal Name of Mortgage Brokerage Brokerage Licence #

Please indicate which one of the following applies:

- There are no changes to my mailing address, business address, address for service, telephone number, fax number, or email address from that previously communicated to the Superintendent;
- Attached is my updated contact information;
- I will provide written notification within 7 days, of any change to my mailing address, business address, address for service, telephone, fax and/or email using the form provided on the FCAA website at www.fcaa.gov.sk.ca .

Signature of Broker/Associate Licence # Date (mm/dd/yyyy)

Principal Broker's Confirmation – New Brokerage

I _____ hereby confirm that
Name of Principal Broker

effective _____,
date (mm/dd/yyyy) Name of Broker or Associate

(the "licensee") is authorized to broker mortgages on behalf of:

Complete Legal Name of Mortgage Brokerage

In my role of principal broker, I will take reasonable steps to ensure that the licensee complies with every requirement established pursuant to the Act and the Regulations.

Signature of Principal Broker Licence # Date (mm/dd/yyyy)

(see information provided on page 1)

For Office Use Only

Licence Reinstatement Date: _____ Reinstatement Approved by: _____

BROKERS / ASSOCIATES

UPDATED CONTACT INFORMATION

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: <hr/> Number Street <hr/> 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 <hr/> Number Street <hr/> 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 <hr/> Number Street <hr/> 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: <hr/>

Signature of Broker/Associate

Licence #

Date (mm/dd/yyyy)

(see information provided on page 1)