The Credit Reporting Act

Instructions on Applying for an Credit Reporting Agency Licence

To be licensed as a credit reporting agency you will need:

- a) a registered name; and
- b) a completed application form.

1. Name registration:

All corporations and operating (business) names must be registered with the Corporate Registry of the Information Services Corporation (ISC). Phone 306-787-2962 for information on this procedure.

2.(a) Complete all pages of the application in full.

Application as a Credit Reporting Agency (4 pages)

Please note, the **designated mailing address** (section 4 on the application) is used for mailing of correspondence from the Consumer Protection Division for routine correspondence, information, complaints and renewal notice.

- (b) The **Saskatchewan address for service** is the Saskatchewan address to be used for official notification of legal documents/actions.
- (c) Notice required of all changes on the application

Where any changes occur that affect or change the information on the application, written notice to Consumer Protection Division is required.

3. **Licence fee** is as follows:

Agency Licence: \$600

Make fee payable to the MINISTER OF FINANCE A form is enclosed if paying by credit card

Licenses are valid for one year from date of issue unless otherwise suspended or cancelled.

4. **Mail** the following to this office:

Completed application form – with signatures.

Licence fee in the correct amount - see #3 above.

Financial and Consumer Affairs Authority of Saskatchewan Consumer Protection Division 500 - 1919 Saskatchewan Drive Regina, Saskatchewan S4P 4H2

Telephone: 306-787-5550 1-877-880-5550 (toll-free) Fax: 306-787-9779

Email: consumerprotection@gov.sk.ca

Web address: http://www.justice.gov.sk.ca/cpb

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5. General Remarks

The application information is to be legible or it will be returned.

Every applicant for a licence should become familiar with the Act and Regulations. Also every applicant should exercise care in completing the application form. Extra care will avoid delays which occur when applications must be returned because of incomplete answers, incorrect fees.

A complete copy of The Credit Reporting Act is available free of charge online at qp.gov.sk.ca or for a nominal fee for a print copy contacting the Office of the Queen's Printer at Telephone: 1-800-226-7302 (Sask. residents only) o 306-787-6894 o Fax: 306-798-0835 E-mail: http://www.qp.gov.sk.ca/





500 - 1919 Saskatchewan Drive Regina, SK Canada S4P 4H2 306-787-5550 Fax 306-787-9779 Toll Free 1-877-880-5550

Reset

Application for Credit Reporting Agency Licence

Licence fee \$600 (1-year term)

Make cheque payable to the Minister of Finance or complete credit card information on the enclosed payment authorization form. \$10 service charge for any cheque returned from your financial institution.

Legal Name	(select A, B or C	vhich ever applies) - Ple	aseprint			
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Application for Credit Reporting Agency Licence

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Application for Credit Reporting Agency Licence

6.	During the past ten years, has the sole prolicence refused, suspended or cancelled No Yes (If "yes", attach details	d under the laws of		•				
7.	Has the sole proprietor, any partner, or a within the previous 10 years? No	any director/officer Yes	of the corporation	been convicted of a criminal offence				
	Statements respecting criminal records	are subject to verif	ication.					
8.	AUTHORIZATION FOR CRIMINAL REC	CORD CHECK - in	clude Maiden Na	mes separately if applicable				
	To be completed by all partners, direc	tors or officers:						
	I authorize the Registrar or his designate licence granted pursuant to this application			uring the time of application, or period of				
	Check ($$) if additional pages are	Check $()$ if additional pages are used.						
	Legal Name	Place of Birth	Date of Birth (yyyy/mm/dd)	Signature				

Reset

Application for Credit Reporting Agency Licence

Branch Offices utilized for conducting business in Saskatchewan. (include the name of the contact person and the full address, postal code, phone and fax numbers and if any, email/internet address) Contact Name: Branch Office Address: Phone: Fax: Email/Internet: Contact Name: Branch Office Address: Phone: Fax: Email/Internet: DECLARATION I solemnly declare that the information provided by me in this application is true, and I make this solemn declaration conscientiously believing it to be true and knowing that providing false information may result in sanctions and licence cancellation. I hereby authorize the Consumer Protection Division to collect additional information from other government regulators and law enforcement agencies, as well as former and current employers (if applicable), to complete and verify information provided in this form. I will provide the Consumer Protection Division with written notice, when any changes occur that affect or change the information on the application. I also hereby consent to the Consumer Protection Division sharing information collected under this application and The Credit Reporting Act with regulating authorities in other jurisdictions. Signed: Print name of Applicant

If the application is not completed properly, or if any of the information requested is not included, processing delays may result.

Dated

Signature of Applicant

(must be signed by a person authorized to sign on behalf of the business)

Reset

Payment Authorization

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