

This is the form to be used by Financial Institutions under the Deposit Agent Rules. It can be used for either an initial filing or an annual filing.

In this form:

"Deposit Agent" is someone who receives or solicits funds from investors and transmits those funds to a Financial Institution for investment in guaranteed investment certificates issued by the Financial Institution.

"Financial Institution" is:

- a bank,
- a credit union, and
- a trust corporation or a loan corporation.

We confirm that we accept funds from Deposit Agents in Saskatchewan.

Our Name: _____

Head office address: _____

Postal Code: _____ Phone #: _____ Fax #: _____

Mailing Address (*if different from business address*): _____

Name of contact person: _____

Contact Email Address: _____

Branch offices

Do you have branch offices in Saskatchewan that accept funds from Deposit Agents?
 yes no If yes, complete the following for each branch office in Saskatchewan.

Business address: _____

Postal Code: _____ Phone #: _____ Fax #: _____

Mailing Address (*if different from business address*): _____

Name of contact person: _____

Business address: _____

Postal Code: _____ Phone #: _____ Fax #: _____

Mailing Address (*if different from business address*): _____

Name of contact person: _____

[If you have more than two branch offices, list them on another sheet.]



Deposit Agents

Attach a list with the following information about each Deposit Agent you will be placing your GIC business through.

- name of Deposit Agent,
- name of contact person,
- business address,
- mailing address with postal code,
- telephone number, and
- email address.

Dated at _____, this _____ day of _____, 20____.

(Name of Financial Institution)

By _____
(Signature of authorized officer)

(Type or print name)

(Official capacity)

Mail or Email this completed form to:

Financial and Consumer Affairs Authority of Saskatchewan
4th Floor, 2365 Albert Street, Regina, Canada, S4P 4K1
Phone: (306) 787-5645

Or

Email: exemptions@gov.sk.ca

AFFIDAVIT

Province of Saskatchewan) I, _____
) (name in full)
)
) of the _____
)
) in the _____ of _____

MAKE OATH AND SAY:

1. I am the authorized officer for the Financial Institution, and I signed the Reporting Form.
2. The statements of fact made in the Reporting Form are true.

SWORN before me at _____)
)
 in the province of _____)
)
 this _____ day of _____)
)
 20____.) _____
)
)
)
 _____)

A Commissioner for Oaths in and for the

Province of _____.

My commission expires _____.