

**APPLICATION FOR A LICENCE AS A COLLECTION AGENT**

1. (a) Name of applicant \_\_\_\_\_  
(business or firm name)

(b) Head office address \_\_\_\_\_ Tel.: \_\_\_\_\_  
no. street city postal code Fax: \_\_\_\_\_

(c) Address of place of \_\_\_\_\_ Tel.: \_\_\_\_\_  
business in Manitoba no. street city postal code Fax: \_\_\_\_\_

2. The applicant is:
- (a) A sole proprietorship  owned by the following person:
  - (b) A partnership  comprised of the following:
  - (c) A corporation  of which the following persons are directors or officers, or both:

For each person listed in clause (a), (b) or (c), complete the following table:

Full Name (maiden name, if applicable)	Full postal address	Length of time at present residence	Position held	Date of birth	Place of birth

3. The applicant is presently licensed as a collection agent in the provinces of: \_\_\_\_\_

4. Has the applicant or any of the persons named in item 2  
(a) been refused a business licence or had a business licence suspended or cancelled under any federal, provincial or territorial law within the last 10 years? Yes  No  If yes, specify: \_\_\_\_\_

(b) been convicted of an offence under any federal, provincial or territorial law, within the last 10 years, or are any actions now pending?  
Yes  No  If yes, specify: \_\_\_\_\_

**(You may be required to provide a criminal record check.)**

(c) been an undischarged bankrupt or been involved as owner, director or officer of any firm or business or had a business that within the last 10 years was declared bankrupt during the period of their involvement?

Yes  No  If yes, specify: \_\_\_\_\_

5. Trust account under subsection 108(1) of the Act — provide trust account information for financial institutions in Manitoba:

Name	Branch address

6. Name and address of auditing firm: \_\_\_\_\_

7. Date of the applicant's fiscal year end: \_\_\_\_\_

8. The gross amount of monies collected in Manitoba in the applicant's last fiscal year including commissions: \_\_\_\_\_

I declare that the above statements are true.

Per: \_\_\_\_\_  
(signature) (position or title)

(Corporate seal, if any)

Per: \_\_\_\_\_  
(signature) (position or title)

DATED AT \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

DECLARED before me at \_\_\_\_\_  
In the province of \_\_\_\_\_  
this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_

**Signature of a Commissioner of Oaths**

in and for the Province \_\_\_\_\_

My commission expires on the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

Form 2  
(cont'd)

PLEASE COMPLETE EVERY ITEM OF THE APPLICATION

Return to: "Director, Consumer Protection Office  
302 - 258 Portage Avenue"  
Winnipeg, MB R3C 0B6

with a cheque, money order or equivalent, payable to the **Minister of Finance, Government of Manitoba**, in the amount of the fee prescribed by regulation and set out in the attached cover letter.

**NO REFUND OF THE FEE WILL BE MADE ONCE THE COLLECTION AGENT'S LICENCE HAS BEEN ISSUED.**

**If the statutory declaration is made outside Manitoba, make sure that the person taking the statutory declaration has the authority to do so for a document to be used in Manitoba.**

Information is being collected under the authority of *The Consumer Protection Act* and will be used to consider this application for registration. If you have any questions regarding the application, please contact the Consumer Protection Office at (204) 945-3800 or toll free in Manitoba 1-800-782-0067. Please note that information given on this application may be verified.

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M.R. 193/2014