

INSTRUCTIONS

1. A new form is required to be completed and submitted to the BC Financial Services Authority immediately upon any change of information contained on the last filed form.
2. Upon completion, please submit this form in IRIS. For instructions, refer to [Managing Submissions](#).

PART A – FINANCIAL INSTITUTION

Full Name (first, middle, last)

Head Office Address (street number, city, province, postal code)

Mailing Address (street number, city, province, postal code) if different

Phone Number

Fax

Email

Website

PART B – DIRECTORS

Chair

Address (street number, city, province, postal code)

Email

Vice Chair

Address (street number, city, province, postal code)

Email

PART C – OFFICERS

President/Chief Executive Officer/GM

Address (street number, city, province, postal code)

Email

Chief Financial Officer

Address (street number, city, province, postal code)

Email

Corporate Secretary

Address (street number, city, province, postal code)

Email

PART D – CONTACTS FOR MEMBER/CUSTOMER COMPLAINTS

Name

Title

Address (street number, city, province, postal code) if different

Phone Number

Fax

Email

PART E – EXTERNAL AUDITOR

Name

Partner

Address (street number, city, province, postal code) if different

Phone Number

Fax

Email