

**FORM 32-501F4**  
**DEPOSIT AGENT ANNUAL REPORT**  
[Section 14]

**Deposit Agent**

1.(a) Legal Name of Deposit Agent

(b) Name under which business is conducted, if different

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(c) Head office business address

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Postal Code \_\_\_\_\_ Telephone \_\_\_\_\_

(d) Address for service in Saskatchewan

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Postal Code \_\_\_\_\_ Telephone \_\_\_\_\_

(e) E-mail address \_\_\_\_\_

**Bank Accounts**

2. We have bank accounts at the following financial institutions and branches:

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**Trust Accounts**

2A. Do you have a trust account?

*yes no*

If yes, state the name and branch of the financial institution.

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Also attach a completed Form 32-501F5 – *Trust Account Annual Report*.

**Branch Offices**

3. Do you have any branch offices?

*yes no*

If yes, attach a list of branch offices with the following information for each office:

- business address
- mailing address
- postal code
- telephone number
- fax number
- name of manager

**Financial Institutions**

4. Attach a list with the following information about each financial institution that you place your GIC business through:

name of financial institution  
name of contact person at the financial institution  
business address of the branch you deal with  
mailing address with postal code  
telephone number  
fax number

**Officials**

5. Attach a list with the following information about each official with your firm who is registered:

*“Official” means a partner, director or officer of your firm.*

name  
position with your firm  
business address  
telephone number  
fax number

**Salespersons**

6. Attach a list with the following information about each salesperson that your firm employs or engages:

name  
business address  
telephone number  
fax number

**Financial institution bond**

7. Attach a copy of a current financial institution bond that your firm is required to maintain pursuant to section 11 of Local Instrument 32-501 – *Deposit Agents*.

**Changes to initial application for registration**

8. Attach as an exhibit full particulars of all changes in the information given in your firm’s application for registration. (Form 32-501F2 – *Application for Registration as a Deposit Agent*)

The person signing this form and the Commissioner taking his or her affidavit should both initial all exhibits and attachments to this form. If there are many changes, complete and file a new Form 32-501F2.

Dated at \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ .

\_\_\_\_\_  
*(Name of Deposit Agent)*

By: \_\_\_\_\_  
*(Signature of applicant, partner or officer)*

\_\_\_\_\_  
*(Type or print name)*

\_\_\_\_\_  
*(Official capacity)*

**AFFIDAVIT**

PROVINCE OF SASKATCHEWAN

I, \_\_\_\_\_  
*(name in full)*  
of the \_\_\_\_\_  
*(municipality)*  
in the \_\_\_\_\_  
*(jurisdiction)*

MAKE OATH AND SAY:

1. I, the undersigned applicant, do depose and say that I have read and understand the questions in this application form as well as my answers to those questions.
2. The statements of fact that I made in the application and in the attachments, if any, are true.

SWORN before me at \_\_\_\_\_  
in the \_\_\_\_\_  
of \_\_\_\_\_  
this \_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_

\_\_\_\_\_  
*(A Commissioner for Oaths in and for the Province of Saskatchewan, or \_\_\_\_\_)*

My commission expires \_\_\_\_\_ .

SWORN before me at \_\_\_\_\_  
in the \_\_\_\_\_  
of \_\_\_\_\_  
this \_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_

\_\_\_\_\_  
*A Notary Public in and for the Province of \_\_\_\_\_, or \_\_\_\_\_*

My commission expires \_\_\_\_\_ .

**If swearing an affidavit outside Saskatchewan, you must be a Notary Public.**

**It is an offence under Saskatchewan securities laws to file an application that contains a statement that, at the time and in the light of the circumstances in which it is made, is false or misleading, or fails to state a material fact.**