



Application for Registration Trust Company/Loan Corporation

(Under the *Extra-provincial Corporations Registration Act* R.S.P.E.I. 1988, Cap. E-14, Sec. 4)

Mail to:
Office of the Attorney General
Consumer, Corporate and Insurance Services
PO Box 2000, Charlottetown, PE C1A 7N8
Tel: 902 368 4550 Fax: 902 368 5283
www.gov.pe.ca

Return in person to:
95 Rochford Street, 4th floor
Charlottetown, PE C1A 3T6

1. Name of the corporation _____

2. Mailing Address:

Street/Post Office Box _____

City/Province/Postal Code _____

3. Address of head office (if different from above):

Street/Post Office Box _____

City/Province/Postal Code _____

4. Address of applicant's place of business in Prince Edward Island (if applicable):

Street/Post Office Box _____

City/Province/Postal Code _____

5. Jurisdiction of incorporation _____

6. Nature of business carried on by the applicant _____

7. Name of agent or solicitor in Prince Edward Island (if applicable) _____

8. Is the applicant a deposit taking institution in Prince Edward Island? _____

9. Is the applicant a member of the Canada Deposit Insurance Corporation? _____

10. A Certificate of Good Standing/Status issued by the home jurisdiction is attached.

11. A copy of the latest audited financial statements is attached. (Applicable to Trust companies only)

12. The undersigned hereby declares that the information herein furnished is correct and accurate, and on behalf of the above noted applicant, applies for registration under the provisions of the *Extra-provincial Corporations Registration Act*.

Name of signing officer (print or type) _____

Title of signing officer _____

Signature of the signing officer _____

Date: _____