

HOW TO BECOME A MORTGAGE BROKER

LIST OF DOMUMENTS

1. Requirements for registration as a mortgage broker under the Mortgage Brokers Act
2. Application for Registration
3. Terms and Conditions of Registration under the Mortgage Brokers Act (for sole proprietors and corporations)
4. Personal financial statement
5. Requirements for new and renewal of registration under the Mortgage Brokers Act (for financial statements requirement)

ADDITIONAL DOCUMENTS

1. Notification form for new officer/director or authorized agent
2. Notification of completion of the educational requirements for authorized agents
3. List of authorized agents

**Financial Services
Commission
of Ontario**

Licensing and Enforcement Division
5160 Yonge Street, 4th Floor
Box 85
Toronto ON M2N 6L9

Direct Line: (416) 226-7863
Fax: (416) 226-7838
Toll Free: 1-800-668-0128

**Commission des
services financiers
de l'Ontario**

Division de la délivrance des permis
et de l'application des mesures législatives
5160, rue Yonge, 4ième étage
Boite 85
Toronto ON M2N 6L9

Ligne Directe: (416) 226-7863
Telecopieur: (416) 226-7838
Sans Frais: 1-800-668-0128



Dear Sir/Madam:

**RE: REQUIREMENTS FOR REGISTRATION AS A MORTGAGE BROKER UNDER
THE MORTGAGE BROKERS ACT**

We acknowledge your request for information concerning registration as a mortgage broker.

Before applying for registration, each applicant must meet the following requirements:

1. Be a Canadian citizen or landed immigrant or qualify as a corporate resident as defined by the Act.
2. Be eighteen years of age or over.
3. Maintain a permanent place of business open to the public during normal business hours.
4. Provide evidence establishing financial responsibility.
5. Be prepared to sign Terms and Conditions that Syndicating and Administering business will not be conducted or any other conditions applicable in the circumstances.

NOTE: ONCE THE OPERATION OF ORDINARY MORTGAGE BROKERING IS ESTABLISHED AND DEMONSTRATED TO BE SATISFACTORY, YOU MAY APPLY IN WRITING TO HAVE THE TERMS AND CONDITIONS REVIEWED.

6. Be prepared to set up a trust account, if trust funds are to be taken.

In addition, all active officers and directors of a corporation, each partner in a partnership and sole proprietors seeking registration, must complete an education program officered through Seneca College. Members of the Law Society of Upper Canada, persons licensed under the Public Accountancy Act and persons registered as real estate brokers applying for registration under section 4.(4) of the Mortgage Brokers Act are exempt from taking the prerequisite course or writing the examination.

For information on education contact:

Seneca College
1750 Finch Avenue East
North York, ON M2J 2X5
Telephone No.: 416-491-5050 ext. 2740

Successful completion of the course does not mean automatic entitlement to registration. Applicants should submit the following to our office:

1. The enclosed application form duly completed and signed.
2. Fees in accordance with the Fee Schedule are payable to the **Minister of Finance**.
THE APPLICATION FEE IS NOT REFUNDABLE. A \$35.00 FEE WILL BE CHARGED FOR CHEQUES RETURNED FOR NON SUFFICIENT FUNDS.
3. Proof of successful completion of the education program or exemption thereof, for each active officer or director, sole proprietor or partner.
4. A Pro Forma balance sheet in the case of a new corporation (**audited financial statements if incorporated over 1 year**). For sole proprietors or partners, a statement of net worth detailing personal assets and liabilities.
5. The signature of the applicant is required on Question 10 of the application if trust funds will not be taken and a trust account not opened.

PLEASE NOTE: IF ANY OF THE ABOVE REQUIREMENTS ARE NOT SUBMITTED WITH THE APPLICATION UPON REGISTRATION, THE APPLICATION WILL BE RETURNED AS INCOMPLETE.

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PLEASE NOTE: THE APPLICATION FEE IS NOT REFUNDABLE.

PLEASE NOTE: A \$35.00 FEE WILL BE CHARGED FOR CHEQUES RETURNED FOR NON-SUFFICIENT FUNDS.

RENEWALS: According to Section 3.(1) of Regulation 798 of the Mortgage Brokers Act, every registration expires one year after the date of registration shown on the certificate of registration unless a renewal application is filed prior to the date of expiry.

Any person who applies for re-registration as a mortgage broker who has not been active in the business of mortgage brokering during the preceding two years must re-taken and pass the qualifying education requirements or act as an agent for two years before or act as an agent for 2 years an application for re-registration can be considered.

The following documents are in support of the administration of the Mortgage Brokers Act and are available from this office if required:

1. Investor/Lender Disclosure Statement for Broker Transactions
2. Statement of Mortgage
3. Investor/Lender Disclosure Statement for Broker Mortgages on Renewal
4. Accounting and Reporting Requirements (includes Form A and Form B)
5. Investors Checklist Brochure
6. Information for Borrowers and Investors Brochure



**Financial Services
Commission
of Ontario**
5160 Yonge Street
Box 85
North York ON M2N 6L9

**Commission des
services financiers
de l'Ontario**
5160, rue Yonge
Boîte 85
North York (Ontario) M2N 6L9

Application for Registration Demande d'enregistrement

Print or type all information/Écrire en lettres moulées ou dactylographier tous les renseignements

Date of Application Date de la demande			Type of Application Check one (✓)	Genre de demande Cochez une case (✓)	Business Classification Check one (✓)	Classification de l'entreprise Cochez une case (✓)
Year Année	Month Mois	Day Jour	New registration A <input type="checkbox"/> A	Nouvel enregistrement	Sole Proprietor 4 <input type="checkbox"/> 4	Entreprise à propriétaire unique
			Renewal of current registration R <input type="checkbox"/> R	Renouvellement d'enregistrement	Partnership 5 <input type="checkbox"/> 5	Société en nom collectif
			Restricted B <input type="checkbox"/> B	Limité	Corporation 6 <input type="checkbox"/> 6	Personne morale

1. The undersigned applies to the Superintendent as a Mortgage Broker and for the purpose of obtaining registration gives the following information:/Le soussigné fait une demande d'enregistrement au surintendant comme courtier en hypothèques et donne les renseignements suivants pour obtenir l'enregistrement:

Application on behalf of/Demande faite au nom de							
Name under which business will be operated (if different from above) Nom sous lequel l'entreprise poursuivra ses activités (s'il est différent du nom donné ci-dessus)					Active Ontario Corporation Number/Numéro matriculé de la compagnie exploitée activement en Ontario		
Business address (if R. R., give Lot, Concession No. & Township) / Adresse de l'entreprise (En cas de R.R., donner les n ^{os} de lot et de concession et le canton)				Branch Address Adresse de la succursale			
City/Ville	Province	Postal Code Code postal	Phone No./N ^o de tél.	City/Ville	Province	Postal Code Code postal	Phone No./N ^o de tél.

NOTE: Applicant means a sole proprietor, any partner of a partnership, or any officer or director of a corporation.

REMARQUE: Auteur de la demande signifie un propriétaire unique, un associé d'une société en nom collectif ou un dirigeant ou un administrateur d'une personne morale.

2. Employment for the past three years of the Applicant, of each Partner in the case of a Partnership or of each Officer and Director in the case of a Corporation/Fonctions tenues au cours des trois dernières années par l'auteur de la demande, par chaque associé, s'il s'agit d'une société en nom collectif ou par chaque dirigeant et administrateur s'il s'agit d'une personne morale.

Name of Individual Applicant Partner or Officer Nom de l'auteur de la demande, de l'associé ou du dirigeant	Name and Address of Employer Nom et adresse de l'employeur	Nature of Business of Employer Nature de l'entreprise de l'employeur	Nature of Employment Nature de l'emploi	Period of Employment (give exact dates) Période d'emploi (donnez les dates exactes) From:/De: To:/à: Y/A M/M D/J Y/A M/M D/J	

Use additional sheet if space insufficient
Ajoutez des pages s'il n'y a pas assez d'espace

3.	a) Is the applicant registered, or has the applicant ever been registered, under this or any other Acts? If yes, give particulars. NOTE: "Any other Acts" pertains to those Acts requiring registration under any provincial statute.	Yes <input type="checkbox"/> Oui	No <input type="checkbox"/> Non	a) L'auteur de la demande est-il enregistré ou a-t-il déjà été enregistré en vertu de cette loi ou d'autre lois? Dans l'affirmative, précisez. REMARQUE: "d'autre lois" signifie les lois exigeant l'enregistrement en vertu d'une loi provinciale.
	b) Has the applicant even had a licence or registration of any kind refused, suspended, revoked or cancelled? If yes, give particulars. NOTE: "Of any kind" includes driver's license, or any other licence permit or registration issued by any government body.	Yes <input type="checkbox"/> Oui	No <input type="checkbox"/> Non	b) L'auteur de la demande s'est-il déjà vu refuser, suspendre, révoquer ou annuler un permis ou un enregistrement quelconque? Dans l'affirmative, précisez. REMARQUE: par "quelconque" on entend entre autre le permis de conduire ou tout autre permis, licence ou enregistrement accordé par un organisme gouvernemental.

4.	Is the "applicant" occupied or engaged directly or indirectly in any other business, occupation or profession? If yes, give full particulars.	Yes <input type="checkbox"/> Oui	No <input type="checkbox"/> Non	L'auteur de la demande poursuit-il directement ou indirectement d'autres activités commerciales ou professionnelles? Dans l'affirmative, précisez.
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5.	a) Is the applicant a discharged or undischarged bankrupt, or presently a party to bankruptcy proceedings?	Yes <input type="checkbox"/> Oui	No <input type="checkbox"/> Non	a) L'auteur de la demande a-t-il obtenu une libération de faillite ou est-il en faillite ou est-il actuellement impliqué dans une affaire de faillite?
	b) Has the applicant ever been, or is he/she now, an officer, director or majority shareholder of a corporation which has been declared bankrupt, or is presently a party to bankruptcy proceedings? NOTES: 1. Where an applicant is an undischarged bankrupt, submit a copy of the assignment in bankruptcy and a list of creditors. 2. Where an applicant is a discharged bankrupt, submit proof of discharge.	Yes <input type="checkbox"/> Oui	No <input type="checkbox"/> Non	b) L'auteur de la demande est-il actuellement, ou a-t-il déjà été un dirigeant, un administrateur ou un actionnaire majoritaire d'une compagnie qui a fait faillite ou est-il actuellement impliqué dans une affaire de faillite? REMARQUES: 1. Si l'auteur de la demande est en faillite, il doit soumettre une copie de la cession en faillite et une liste des créanciers 2. Si l'auteur de la demande a obtenu une libération de faillite, il doit en soumettre la preuve.

6.	Are there any unpaid judgements outstanding against the applicant? If yes, submit a copy of each judgement. State amount outstanding and repayment arrangements.	Yes <input type="checkbox"/> Oui	No <input type="checkbox"/> Non	L'auteur de la demande a-t-il des amendes à payer à la suite de jugements prononcés contre lui? Dans l'affirmative, soumettre une copie de chaque jugement et indiquer le montant impayé et les dispositions prises pour le paiement.
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7.	Have you ever been convicted or found guilty of an offence under any law of any country, or state, or province thereof or are any such offence proceedings pending? If "Yes" give full particulars in a separate statement signed, dated and attached to this application. NOTES: Where the applicant has been previously registered, list only those convictions which have occurred since the date of last filing. You are not required to disclose any convictions for which a pardon has been granted under the Criminal Records Act, and which pardon has not been revoked.	Yes <input type="checkbox"/> Oui	No <input type="checkbox"/> Non	Avez-vous déjà été reconnu coupable d'une infraction prévue par une loi d'un autre pays, état ou province ou y a-t-il une instance en court contre vous? Dans l'affirmative, donnez tous les détails dans une déclaration distincte signée, datée et jointe à cette demande. REMARQUE: Si l'auteur de la demande a déjà été enregistré, n'inscrivez que les condamnations prononcées depuis la date de la dernière demande. Vous n'êtes pas obligé de divulguer les condamnations pour lesquelles vous avez reçu un pardon en vertu de la Loi sur le casier judiciaire si le pardon n'a pas été révoqué.
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8.	Is there any person or corporation who name is not disclosed above who has a financial interest in the applicant beneficially, or who otherwise exercises control or direction over the applicant?	Yes <input type="checkbox"/> Oui	No <input type="checkbox"/> Non	Existe-t-il une personne physique ou morale dont le nom n'est pas donné ci-dessus, ayant un intérêt financier bénéficiaire relativement à l'auteur de la demande ou ayant un contrôle ou un pouvoir sur l'auteur de la demande.
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9.	Has the applicant any business association with any individual, firm, partnership or corporation currently holding registration under any provincial statute?	Yes <input type="checkbox"/> Oui	No <input type="checkbox"/> Non	L'auteur de la demande poursuit-il des activités en association avec une personne, une entreprise, une société en nom collectif ou une personne morale actuellement enregistrée en vertu d'une loi provinciale?
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If yes to either question, give full particulars/En cas de réponse affirmative à l'une de ces questions, précisez.

Name/Nom	Address/Adresse	Full particulars/Précisions

10. Provide the name and address of the financial institution where a trust account will be maintained and in which will be deposited all monies received by the applicant in trust for others, in connection with the business:		<i>Donnez le nom et l'adresse de l'établissement financier où sera ouvert le compte en fiducie dans lequel seront déposées toutes les sommes que l'auteur de la demande recevra en fiducie pour des tiers relativement à l'entreprise:</i>
Name of Financial Institution/ <i>Nom de l'établissement financier</i>	Branch Address/ <i>Adresse de la succursale</i>	Trust Account No. <i>N° de compte en fiducie</i>

DEPOSITS NEVER TAKEN/AUCUN DÉPÔT NE SERA
ACCEPTÉ

Signature of Applicant(s)/*Signature de l'(des) auteur(s) de la demande*

11. For all registrants maintaining trust accounts (Renewal Only)/*Pour toutes les personnes enregistrées maintenant des comptes en fiducie (renouvellement seulement)*

Trust account information as of date of application for renewal <i>Données sur le compte en fiducie à la date de la demande de renouvellement</i>		Explanation of difference <i>Explication de la différence</i>	
1) Trust account reconciled bank balance <i>Solde bancaire rapproché du compte en fiducie</i>	(a) \$		
2) Balance of trust liability (trust ledger) <i>Solde des obligations fiduciaires (grand livre des comptes en fiducie)</i>	(b) \$		
Difference (if any) <i>Différence (s'il y a lieu)</i>	\$		

Use additional sheet if space insufficient
Ajoutez des pages s'il n'y a pas assez d'espace

12. For Corporations Only/Seulement pour les personnes morales

Date of Incorporation/Date de constitution	Jurisdiction of Incorporation/Compétence territoriale: <input type="checkbox"/> Ontario/Ontario <input type="checkbox"/> Other/Autre If other, please specify/Précisez			
Name of Shareholder of Record Nom de l'actionnaire inscrit	Address of Shareholder of Record Adresse de l'actionnaire inscrit	Occupation of Shareholder of Record Profession de l'actionnaire inscrit	No. of Shares held N ^{bre} d'actions détenues	No. of Equity (Voting) Shares held N ^{bre} d'actions avec droit de vote détenues

*If any shareholder is a corporation complete Question 13./Si un des actionnaires est une personne morale, remplir la section 13.

Total number of shares issued to date/Nombre total d'actions émises à ce jour.....

Total number of shares issued to date which carry voting rights/Nombre total d'actions avec droit de vote émises à ce jour.....

Enter total number of equity (voting) shares beneficially owned directly or indirectly, by non-residents of Canada or over which non-residents of Canada exercise control or direction/Inscrire le nombre total d'actions avec droit de vote réellement possédées directement ou indirectement par des non-résidents du Canada ou sur lesquelles des non-résidents du Canada ont un contrôle ou un pouvoir.....

Is the corporation entitled to offer its shares to the public? Yes No La personne morale peut-elle offrir ses actions au public?
Oui *Non*

Are any of the above shares held for a beneficial shareholder? Yes No Parmi les actions ci-dessus, y en a-t-il qui sont détenues pour un propriétaire bénéficiaire? Dans l'affirmative, précisez ci-après:
 If yes, give full particulars below: *Oui* *Non*

Name of Shareholder of Record Nom de l'actionnaire inscrit	Name of Beneficial Shareholder Nom du propriétaire bénéficiaire	Address of Beneficial Shareholder Adresse du propriétaire bénéficiaire	Occupation of Beneficial Shareholder Profession du propriétaire bénéficiaire	No. of Shares Beneficially held N ^{bre} d'actions détenues à titre bénéficiaire	No. of Equity (Voting) Shares Beneficially held N ^{bre} d'actions avec droit de vote détenues à titre bénéficiaire

13.	Name of Shareholder <i>Nom de l'actionnaire</i>	Address of Shareholder <i>Adresse de l'actionnaire</i>	Occupation of Shareholder <i>Profession de l'actionnaire</i>	Number of Shares <i>Nombre d'actions</i>	Number of Voting Shares <i>Nombre d'actions avec droit de vote</i>

Use additional sheet if space insufficient
Ajoutez des pages s'il n'y a pas assez d'espace

*NOTE: "Active means engaged in the DAY TO DAY OPERATION of the business.
REMARQUE: "Actif" signifie participant QUOTIDIENNEMENT aux activités de l'entreprise.

14. Officer/Director/Partners/Sole Proprietor
Dirigeants/administrateurs/associés/propriétaire unique

For all applicants/*Pour tous les auteurs d'une demande*

01	File No./N° du dossier	Last Name/Nom	First Name/Prénom	Initials/Initiales
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Residence Address/Domicile

(If R. R., show Lot, Concession No. and Township) <i>(En cas de R. R., donnez les n°s de lot et de concession et le canton)</i>				Birthdate/ <i>Date de naissance</i> Yr/An Mo/Mois Dy/Jour		Sex/Sexe M F <input type="checkbox"/> <input type="checkbox"/>		Height/ <i>Taille</i>		Status/ <i>Statut:</i> Active Non-Active <input type="checkbox"/> <input type="checkbox"/> <i>Actif Non actif</i>		
				Position held in company/ <i>Titre détenu dans la compagnie</i>								
				Are you legally entitled to work in Canada? <i>Avez-vous légalement le droit de travailler au Canada?</i>						Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Oui Non</i>		
City/ <i>Ville</i>		Province	Postal Code <i>Code Postal</i>		Phone No. <i>N° de tél.</i>						Are you a Canadian resident? <i>Êtes-vous un résident canadien?</i>	
											Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Oui Non</i>	
				If yes, how long?/ <i>Dans l'affirmative, depuis combien de temps?</i>								

02	File No./N° du dossier	Last Name/Nom	First Name/Prénom	Initials/Initiales
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Residence Address/Domicile

(If R. R., show Lot, Concession No. and Township) <i>(En cas de R. R., donnez les n°s de lot et de concession et le canton)</i>				Birthdate/ <i>Date de naissance</i> Yr/An Mo/Mois Dy/Jour		Sex/Sexe M F <input type="checkbox"/> <input type="checkbox"/>		Height/ <i>Taille</i>		Status/ <i>Statut:</i> Active Non-Active <input type="checkbox"/> <input type="checkbox"/> <i>Actif Non actif</i>		
				Position held in company/ <i>Titre détenu dans la compagnie</i>								
				Are you legally entitled to work in Canada? <i>Avez-vous légalement le droit de travailler au Canada?</i>						Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Oui Non</i>		
City/ <i>Ville</i>		Province	Postal Code <i>Code Postal</i>		Phone No. <i>N° de tél.</i>						Are you a Canadian resident? <i>Êtes-vous un résident canadien?</i>	
											Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Oui Non</i>	
				If yes, how long?/ <i>Dans l'affirmative, depuis combien de temps?</i>								

03	File No./N° du dossier	Last Name/Nom	First Name/Prénom	Initials/Initiales
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Residence Address/Domicile

(If R. R., show Lot, Concession No. and Township) (En cas de R. R., donnez les n°s de lot et de concession et le canton)				Birthdate/Date de naissance Yr/An Mo/Mois Dy/Jour		Sex/Sexe M F <input type="checkbox"/> <input type="checkbox"/>		Height/Taille	Status:/Statut: Active Non-Active <input type="checkbox"/> <input type="checkbox"/> Actif Non actif		
				Position held in company/Titre détenu dans la compagnie							
				Are you legally entitled to work in Canada? Avez-vous légalement le droit de travailler au Canada?						Yes <input type="checkbox"/>	No <input type="checkbox"/>
										Oui	Non
City/Ville	Province	Postal Code Code Postal	Phone No. N° de tél.	Are you a Canadian resident? Êtes-vous un résident canadien?						Yes <input type="checkbox"/>	No <input type="checkbox"/>
										Oui	Non
				If yes, how long?/Dans l'affirmative, depuis combien de temps? _____							

04	File No./N° du dossier	Last Name/Nom	First Name/Prénom	Initials/Initiales
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Residence Address/Domicile

(If R. R., show Lot, Concession No. and Township) (En cas de R. R., donnez les n°s de lot et de concession et le canton)				Birthdate/Date de naissance Yr/An Mo/Mois Dy/Jour		Sex/Sexe M F <input type="checkbox"/> <input type="checkbox"/>		Height/Taille	Status:/Statut: Active Non-Active <input type="checkbox"/> <input type="checkbox"/> Actif Non actif		
				Position held in company/Titre détenu dans la compagnie							
				Are you legally entitled to work in Canada? Avez-vous légalement le droit de travailler au Canada?						Yes <input type="checkbox"/>	No <input type="checkbox"/>
										Oui	Non
City/Ville	Province	Postal Code Code Postal	Phone No. N° de tél.	Are you a Canadian resident? Êtes-vous un résident canadien?						Yes <input type="checkbox"/>	No <input type="checkbox"/>
										Oui	Non
				If yes, how long?/Dans l'affirmative, depuis combien de temps? _____							

Fee Schedule effective May 1, 2004
Barème des Droits applicable à compter du 1er mai 2004

15. **Effective May 1, 2004 the fee payable is \$275 per person.** This form is to assist you in determining your fee payable and forms part of your renewal application. This form **must** be completed in order for your application to be processed. **For registrants with more than 30 active individuals please attach additional sheets.**

À partir du 1er mai 2004, le droit d'adhésion pour chaque individu est de 275\$. La formule a pour but de vous aider à déterminer le montant des droits payables et faire partie intégrante de la demande de renouvellement. Si cette formule n'est pas remplie la demande ne pourra pas être traitée. **Pour les applicants qui ont plus de 30 personnes actives veuillez attacher une autre feuille**

List below the names of all active Officers, Directors, broker of record and all authorized agents
Veillez écrire tous les noms de dirigeants actifs, des directeurs, du courtier de l'enregistrement et tous les agents autorisés

1.	16.
2.	17.
3.	18.
4.	19.
5.	20.
6.	21.
7.	22.
8.	23.
9.	24.
10.	25.
11.	26.
12.	27.
13.	28.
14.	29.
15.	30.

Number of individuals listed _____ **X \$275 =**
Nombre d'individus énumérés _____ **X 275\$ =**

\$ _____
 Amount attached
 (cheques are made payable to the Minister of Finance)
 Montant inclu
 (les chèques sont payable au nom du ministre des finances)

WARNING: It is an offence to knowingly provide false information on this application and any attachments.

AVERTISSEMENT: Le fait de fournir sciemment de faux renseignements sur cette demande et sur toute pièce jointe constitue un délit.

NOTE: For Corporations the application must be signed by an *active officer.
 For Partnerships the application must be signed by all partners.

REMARQUE: Quand il s'agit d'une personne morale, un dirigeant actif* doit signer la demande.
 Quand il s'agit d'une société en nom collectif, tous les associés doivent signer la demande.
REMARQUE: Dans cette formule, lorsqu'il désigne des personnes, le masculin est utilisé au sens neutre.

Dated at Fait à	this le	day of jour de	Signature of Applicant(s)/Signature de l'(des) auteur(s) de la demande
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CONSENT AND NOTIFICATION

(Pursuant to the Freedom of Information and Protection of Privacy Act, 1987)

I CONSENT to the Financial Services Commission of Ontario (FSCO) collecting such additional information about me as may be necessary for (FSCO) to complete and to verify the information contained in the application form and the attached audited financial statement/pro forms balance sheet/statement of personal assets and liabilities.

I AUTHORIZE FSCO to collect personal information necessary to complete and to verify the information supplied by me in the documents described above from any organization, person, corporation, association or any other source which may have information pertinent to the information given by me in those documents.

AND I ALSO CONSENT to the use and the disclosure of all such information as is contained on this formor is obtained as a result of verification.

LEGAL AUTHORITY FOR THE COLLECTION

Mortgage Brokers Act, R.S.O. 1990, C.M. 39

PRINCIPAL PURPOSES FOR WHICH THE PERSONAL INFORMATION IS INTENDED TO BE USED

I UNDERSTAND FSCO will be using the information in this application form and aforesaid attachments:

to determine whether an application for registration or renewal should be granted under the Mortgage Brokers Act and to consult with other regulatory bodies;

to use and disclose such information for purposes which are consistent with the purposes set out in the previous clause.

THE PUBLIC OFFICIAL WHO CAN ANSWER QUESTIONS ABOUT THE COLLECTION IS

Financial Services Commission of Ontario	Mortgage Brokers Licensing and Enforcement Division 5160 Yonge Street, 4 th Floor Toronto ON M2N 6L9 Telephone: (416) 250-7250 Toll Free: 1-800-668-0128 Fax No.: (416) 226-7838
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**SIGNATURE(S) OF APPLICANT(S)
(every person listed in question 14)**

***SIGNATURE(S) OF PARTY(IES) WHOSE NAME(S) APPEAR UNDER QUESTIONS 1, 2, 14 AND 15 ON LIST**

Date: _____

- Party's(ies)/parties' signature(s) are required for the sole purpose of obtaining and verifying information relating to party(ies).

FOI Consent and Notification - form 06257 - application for Business or Branch Registration.

CONSETEMENT ET AVIS

(Conformément à la Loi de 1987 sur l'accès à l'information et la protection de la vie privée).

JE CONSENS à la Commission des services financiers de l'Ontario (CSFO) d'obtenir tout autre renseignement sur ma personne qu'il croira nécessaire afin de compléter et vérifier les renseignements fournis dans la formule de demande de même que dans les états financiers vérifiés/le bilan pro forma/l'état de l'actif et du passif personnels.

J'AUTORISE CSFO à se procurer les renseignements nécessaires sur ma personne afin de compléter et de vérifier l'information que j'ai soumise dans les documents décrits ci-haut et ce, auprès de tout organisme, toute personne, compagnie, association ou de toute autre source qui pourrait posséder des renseignements ayant rapport avec l'information donnée lesdits documents.

ET JE CONSENS AUSSI à l'utilisation et à la divulgation de l'information contenue dans cette formule ou obtenue à la suite d'une vérification.

AUTORITÉ LÉGALE POUR L'OBTENTION DES RENSEIGNEMENTS

Loi sur les courtiers en hypothèques, L.R.O. 1990, C.M. 39

PRINCIPALES FINS AUXQUELLES SERVIRONT LES RENSEIGNEMENTS PERSONNELS

JE COMPRENDS que CSFO utilisera les renseignements contenus dans la formule de demande et les pièces jointes:

afin de déterminer si une demande d'enregistrement ou de renouvellement devrait être approuvée en vertu de la Loi sur les courtiers en hypothèques et à des fins de consultation avec d'autres organismes de réglementation;

et révélera ces renseignements à des fins qui sont conformes à celles énumérées dans la clause précédente.

BUREAU DE GOUVERNEMENT QUI PEUT RÉPONDRE À VOS QUESTIONS CONCERNANT L'OBTENTION DE RENSEIGNEMENTS PERSONNELS:

Commission des services financiers de l'Ontario	Les courtiers en Hypotèques Division de la délivrance des permis et de l'application des mesures législatives 5160, rue Yonge, 4 ^e étage, (Ontario) M2N 6L9 Téléphone: (416) 250-7250 interurbains sans frais: 1-800-668-0128 Télécopieur: (416) 226-7838
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**SIGNATURE(S) DE L'(DES) AUTEUR(S) DE LA DEMANDE
(toute personne inscrite à la section 14)**

***SIGNATURE DES PARTIES DONT LE NOM APPARAÎT AUX SECTIONS 1, 2, 14 ET 15 SUR LA LISTE**

Date: _____

- La signature est requise dans le seul but d'obtenir et de vérifier l'information se rapportant aux parties visées.

Consentement et avis LAI - Formulaire 06257 - Demande d'enregistrement d'une entreprise ou d'une succursale.

**Financial Services
Commission
of Ontario**

Licensing and Enforcement Division
5160 Yonge Street, 4th Floor
Box 85
Toronto ON M2N 6L9

Direct Line: (416) 226-7863
Fax: (416) 226-7838
Toll Free: 1-800-668-0128

**Commission des
services financiers
de l'Ontario**

Division de la délivrance des permis
et de l'application des mesures législatives
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Boite 85
Toronto ON M2N 6L9

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Sans Frais: 1-800-668-0128



**TERMS AND CONDITIONS OF REGISTRATION UNDER
THE MORTGAGE BROKERS ACT**

TO: SUPERINTENDENT OF FINANCIAL SERVICES

WHEREAS (sole proprietor) _____

operating as _____
has applied to the Superintendent of Financial Services (hereinafter called the
"Superintendent") for registration as a Mortgage Broker under the Mortgage Brokers Act,
R.S.O. 1990,c.M.39 (hereinafter called "the Act");

AND WHEREAS subsection 5(2) of the Act provides that registration under the Act is
subject to such terms and conditions to give effect to the purposes of the Act as are
consented to by the applicant.

NOW THEREFORE _____ consents
and agrees that pursuant to the Act, registration under the Act shall be subject to the
following terms and conditions:

1. _____ shall not syndicate mortgage products
or administer third party cash or assets. For the purposes of the foregoing, a syndicated
mortgage includes a mortgage for which there is more than one mortgagee who act at
arm's length from each other, and "administer" in relation to mortgages includes receiving
mortgage payments on behalf of third parties and taking actions under or with respect to
mortgages on behalf of third parties.
2. _____ agrees not to open any branch office
without the consent of the Superintendent.
3. _____ agrees that each branch office shall be
supervised by a person who has taken the qualifying course and passed the examination or
otherwise meets the qualifications for registration under the Act.

4. _____ agrees that any person authorized to arrange mortgages but not qualified under the Act must be supervised by and report to a person who has taken the qualifying course and passed the examination or otherwise meets the qualifications for registration under the Act.

5. _____ agrees not to open franchise locations or branch or office locations that would carry on in a manner similar in nature to a franchise (each a "franchise"), the business of which would include mortgage brokering activities, unless the franchise is duly registered under the Act.

(Sole proprietor) _____

acknowledges that a breach of these terms and conditions shall constitute proper grounds for the revocation of registration.

Signed at _____ **this** _____ **day of** _____ **20** _____ **.**

Sole Proprietor

**Financial Services
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**TERMS AND CONDITIONS OF REGISTRATION UNDER
THE MORTGAGE BROKERS ACT**

TO: SUPERINTENDENT OF FINANCIAL SERVICES

WHEREAS (name of corporation) _____
operating as _____

(hereinafter called “_____”)
has applied to the Superintendent of Financial Services (hereinafter called the
“Superintendent”) for registration as a Mortgage Broker under the Mortgage Brokers Act,
R.S.O. 1990,c.M.39 (hereinafter called “the Act”);

AND WHEREAS _____ is the/an active
officer of _____ AND WHEREAS
subsection 5(2) of the Act provides that registration under the Act is subject to such terms
and conditions to give effect to the purposes of the Act as are consented to by the applicant.

NOW THEREFORE _____ and _____
consent and agree that pursuant to the Act, the registration of _____
_____ under the Act shall be subject to the following terms and conditions:

1. _____ shall not syndicate mortgage products
or administer third party cash or assets. For the purposes of the foregoing, a syndicated
mortgage includes a mortgage for which there is more than one mortgagee who act at
arm’s length from each other, and “administer” in relation to mortgages includes receiving
mortgage payments on behalf of third parties and taking actions under or with respect to
mortgages on behalf of third parties.
2. _____ agrees not to open any branch office
without the consent of the Superintendent.
3. _____ agrees that each branch office shall be
supervised by a person who has taken the qualifying course and passed the examination or
otherwise meets the qualifications for registration under the Act.

4. _____ agrees that any person authorized to arrange mortgages but not qualified under the Act must be supervised by and report to a person who has taken the qualifying course and passed the examination or otherwise meets the qualifications for registration under the Act.

5. _____ agrees not to open franchise locations or branch or office locations that would carry on in a manner similar in nature to a franchise (each a "franchise"), the business of which would include mortgage brokering activities, unless the franchise is duly registered under the Act.

(Officer) _____ **and (name of corporation)** _____

acknowledges that a breach of these terms and conditions shall constitute proper grounds for the revocation of registration.

Signed at _____ **this** _____ **day of** _____ **20** .

Name of Company

Active Officer

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PERSONAL FINANCIAL STATEMENT AS OF: _____

Name: _____

Assets

1. Cash	\$	_____	
2. Accounts Receivable	\$	_____	
3. Stocks and Bonds	\$	_____	
4. Auto	\$	_____	
5. Real Estate	\$	_____	
6. Personal Property	\$	_____	
7. Equity in Proprietorship or Partnership	\$	_____	
8. Life Insurance (Cash Value)	\$	_____	
9. Other	\$	_____	
Total Assets			\$ _____

Liabilities

10. Accounts Payable	\$	_____	
11. Taxes (Income Tax)	\$	_____	
12. Notes Payable (Realty Taxes)	\$	_____	
13. Real Estate Indebtedness	\$	_____	
14. Credit Card(s)	\$	_____	
15. Others (Private Loans, etc.)	\$	_____	
Total Liabilities			\$ _____

Net Worth (Assets Minus Liabilities) \$ _____

Annual Income

16. Salary, Business or Professional	\$	_____	
17. Securities, Interest and Dividends	\$	_____	
18. Rental Income	\$	_____	
19. Other	\$	_____	
Total Income			\$ _____

Annual Expenditures

20. Real Estate Payments or Rent	\$	_____	
21. Income Taxes	\$	_____	
22. Insurance Premiums	\$	_____	
23. Property Taxes	\$	_____	
24. Other	\$	_____	
Total Expenditures			\$ _____

Net Income \$ _____

I hereby declare the above to be a true and correct statement of my net worth.

Signature: _____

Date: _____

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**REQUIREMENTS FOR NEW AND RENEWAL OF REGISTRATION
UNDER THE MORTGAGE BROKERS ACT**

PLEASE NOTE: A DATE MUST BE ENTERED ON ALL FOUR LINES

NAME OF REGISTRANT _____
(Please Print)

REGISTRANT'S FIRST OR MOST RECENT FISCAL YEAR END _____
(date)

AUDITED FINANCIAL STATEMENTS OR REVIEW ENGAGEMENT
ARE/WERE DUE ON (120 days from registrant's first annual
and subsequent year end) _____
(date)

AUDITED FINANCIAL STATEMENTS OR REVIEW ENGAGEMENT
WERE SUBMITTED ON (enter the date registrant's
first or more recent audited financial statements were submitted) _____
(date)

AUDITED FINANCIAL STATEMENTS OR REVIEW ENGAGEMENT
WILL BE SUBMITTED ON OR BEFORE (enter date statements
will be submitted if renewal date is less than
120 days from year end) _____
(date)

Signature of mortgage broker

Dated at: _____ this _____ day of _____ 20_____.

NOTE: *FORM "A" - CERTIFICATE OF COMPLIANCE AND FORM "B" - REPORT OF THE PUBLIC ACCOUNTANT TO THE FINANCIAL SERVICES COMMISSION OF ONTARIO ALONG WITH THE RELATED SCHEDULES B-1 THROUGH B-4 ARE TO BE SUBMITTED WITH THE AUDITED FINANCIAL STATEMENTS OR REVIEW ENGAGEMENT NOTED ABOVE.*

SHOULD YOUR AUDITED FINANCIAL STATEMENTS OR REVIEW ENGAGEMENT NOT BE FILED WITHIN 120 DAYS OF YOUR YEAR END, YOU WILL BE CHARGED UNDER THE MORTGAGE BROKERS ACT WITH LATE FILING AND/OR NON-FILING, AND YOUR APPLICATION FOR RENEWAL OF REGISTRATION MAY BE REFUSED.



**Financial Services
Commission
of Ontario**
5160 Yonge Street
Box 85
North York ON M2N 6L9

**Commission des
services financiers
de l'Ontario**
5160, rue Yonge
Boîte 85
North York (Ontario) M2N 6L9

NOTIFICATION FORM FOR NEW OFFICER/DIRECTOR OR AUTHORIZED AGENT

THIS FORM MUST BE USED FOR ALL NOTIFICATIONS WHERE THE INDIVIDUAL'S START DATE IS MAY 1, 2004 OR LATER. PLEASE NOTE THAT REGISTRATION FEES HAVE CHANGED EFFECTIVE MAY 1, 2004,

General Instructions

1. This form is to be used by an individual who is joining a registered mortgage broker in the capacity of an Officer, Director or Authorized Agent.
2. Please print clearly or type the information and ensure that all questions are answered.
3. It is an offense to knowingly provide false information on this notification.
4. All cheques and money orders must be payable to the "Minister of Finance". Individuals' whose start date is not the same as the mortgage broker anniversary date should pro-rate the fee.

For example:

If an individual's start date is in the month of May and the brokers renewal is in the month of February read across the row for the month of the individuals's start date and down the column for the month of the brokers renewal. The intersection point is the fee payable. In this example \$206.

		MONTH IN WHICH INDIVIDUAL STARTED											
		JAN.	FEB.	MAR.	APR.	MAY	JUNE	JUL.	AUG.	SEP.	OCT.	NOV.	DEC.
MONTH OF BROKER RENEWAL	JAN.	\$275	\$252	\$229	\$206	\$183	\$160	\$137	\$114	\$91	\$68	\$45	\$22
	FEB.	\$22	\$275	\$252	\$229	\$206	\$183	\$160	\$137	\$114	\$91	\$68	\$45
	MAR.	\$45	\$22	\$275	\$252	\$229	\$206	\$183	\$160	\$137	\$114	\$91	\$68

5. Officers and Directors who are actively involved in the day-to-day activities of mortgage brokering **must attach** proof of completion/exemption of the educational requirement. Officers and Directors who are NOT actively involved in the day-to-day activities of mortgage brokering do not need to meet the education requirement and do not pay a fee.
6. Notifications must be signed by both the new Officer/Director/Authorized Agent and the mortgage broker.



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5160 Yonge Street
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North York (Ontario) M2N 6L9

NOTIFICATION FORM FOR NEW OFFICER/DIRECTOR OR AUTHORIZED AGENT

THIS NOTIFICATION IS SUPPLIED IN RESPECT TO A NEW: (Select only one)

ACTIVE OFFICER [] NON-ACTIVE OFFICER [] DIRECTOR [] AGENT []

1. NEW OFFICER/DIRECTOR OR AUTHORIZED AGENT INFORMATION

Surname First Name Middle Initial

Residence Address - Street (if no street number, give lot and concession number)

City Province Postal Code

Residence Telephone # Date of Birth YY/MM/DD Sex M [] F []

Name of Mortgage Broker Mortgage Broker Registration No.

2. FEE CALCULATION

(to calculate the fee payable use the chart below and read across the row for the month of the individual's start date and down the column for the month of the brokers renewal)

Start Date DD/MM/YY Broker Renewal Date DD/MM/YY Amount attached (\$)

		MONTH IN WHICH INDIVIDUAL STARTED											
		JAN.	FEB.	MAR.	APR.	MAY	JUNE	JULY	AUG.	SEPT	OCT.	NOV.	DEC.
MONTH OF BROKER RENEWAL	JAN.	\$275	\$252	\$229	\$206	\$183	\$160	\$137	\$114	\$91	\$68	\$45	\$22
	FEB.	\$22	\$275	\$252	\$229	\$206	\$183	\$160	\$137	\$114	\$91	\$68	\$45
	MAR.	\$45	\$22	\$275	\$252	\$229	\$206	\$183	\$160	\$137	\$114	\$91	\$68
	APR.	\$68	\$45	\$22	\$275	\$252	\$229	\$206	\$183	\$160	\$137	\$114	\$91
	MAY	\$91	\$68	\$45	\$22	\$275	\$252	\$229	\$206	\$183	\$160	\$137	\$114
	JUNE	\$114	\$91	\$68	\$45	\$22	\$275	\$252	\$229	\$206	\$183	\$160	\$137
	JULY	\$137	\$114	\$91	\$68	\$45	\$22	\$275	\$252	\$229	\$206	\$183	\$160
	AUG.	\$160	\$137	\$114	\$91	\$68	\$45	\$22	\$275	\$252	\$229	\$206	\$183
	SEPT	\$183	\$160	\$137	\$114	\$91	\$68	\$45	\$22	\$275	\$252	\$229	\$206
	OCT.	\$206	\$183	\$160	\$137	\$114	\$91	\$68	\$45	\$22	\$275	\$252	\$229
	NOV.	\$229	\$206	\$183	\$160	\$137	\$114	\$91	\$68	\$45	\$22	\$275	\$252
	DEC.	\$252	\$229	\$206	\$183	\$160	\$137	\$114	\$91	\$68	\$45	\$22	\$275

**3. PROVIDE OCCUPATION PARTICULARS FOR THE PAST 3 YEARS
(including periods of unemployment, illness etc.)**

Name and address of employer	Nature of Business of employer	Nature of my employment	Period of employment	
			From: DD/MM/YY	To: DD/MM/YY

4. ADDITIONAL REGISTRATIONS

a) Are you currently registered, or have you ever been registered, under any other acts?.....[] Yes [] No

If yes, give full particulars.....

b) Have you ever had a licence or registration of any kind refused, suspended, revoked or cancelled?.....[] Yes [] No

If yes, give full particulars.....

NOTE: "Of any kind" includes driver's licence, or any other licence, permit or registration issued by any government body.

5. AFFILIATIONS

Do you have any business association with any individual, firm, partnership, or corporation currently holding registration under any statutes.....[] Yes [] No

If yes, give full particulars.....

6. OTHER ACTIVITIES

Will you be engaged, occupied or employed in any other business occupation or profession?.....[] Yes [] No

If yes, give full particulars.....

7. BANKRUPTCY

a) Are you a discharged or undischarged bankrupt, or presently a party to bankruptcy proceedings?.....[] Yes [] No

b) Have you ever been, or are you now, an officer, director, or majority shareholder of a corporation which has been declared bankrupt, or is presently a party to bankruptcy proceedings?.....[] Yes [] No

- NOTES: 1. If you are an undischarged bankrupt, submit a copy of the assignment in bankruptcy and a list of creditors.
- 2. If you are a discharged bankrupt, submit proof of discharge.

8. JUDGEMENTS

Are there any unpaid judgments outstanding against you?.....[] Yes [] No

If yes, submit a copy of each judgement.

9. OFFENCES UNDER THE LAW

Have you ever been convicted under any law of any country, or state, or province thereof, of any offence, or are there any proceedings now pending?..... [] Yes [] No

If yes, full explanation required.....

10. SIGNATURES

Signature of new officer/director or authorized agent

Signature of broker

Dated at _____ this day of _____, 20____

11. CONSENT AND NOTIFICATION

(This Consent and Notification is pursuant to the Freedom of Information and Protection of Privacy Act.)

I CONSENT to the Financial Services Commission of Ontario collecting such additional information about me as may be necessary for the Financial Services Commission of Ontario to complete or verify the information contained in the Notification Form for New Officer/Director or Authorized Agent. The sources the Financial Services Commission of Ontario may use are; police forces (federal, provincial, municipal and foreign); financial institutions; employers (current and former); business associates; bankruptcy officer; the Office of the Registrar General; Employment and Immigration Canada; the Ministry of Transportation; corporations credit bureaus; Unemployment Insurance Commission; Ministry of Consumer and Business Services; Ministry of the Attorney General.

LEGAL AUTHORITY FOR THE COLLECTION

Mortgage Brokers Act, R.S.O. 1980, C.M. 39

PRINCIPAL PURPOSES FOR WHICH THE PERSONAL INFORMATION IS INTENDED TO BE USED

I UNDERSTAND the Financial Services Commission of Ontario will be using the information in this form:

To determine the suitability of the new officer or director or employee and to consult with other regulatory bodies;

To use and disclose such information for purposes which are consistent with the purposes set out in the previous clause.

THE PUBLIC OFFICIAL WHO CAN ANSWER YOUR QUESTIONS ABOUT THE COLLECTION IS:

LICENSING AND COMPLIANCE DIVISION
5160 YONGE STREET, 4TH FLOOR
BOX 85
TORONTO, ON M2N 6L9
TELEPHONE: (416) 250-7250
TOLL FREE: 1-800-668-0128

SIGNATURE: _____

DATE: _____

FOI Consent and Notification - Notice of New Officer or Director or Authorized Agent

**Financial Services
Commission
of Ontario**

Licensing and Enforcement Division
5160 Yonge Street, 4th Floor
Box 85
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**Commission des
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NOTIFICATION OF COMPLETION OF THE EDUCATIONAL REQUIREMENTS FOR AUTHORIZED AGENTS

(This form is to be completed by the Authorized Agent and Sponsoring Mortgage Broker.)

All persons employed or authorized to arrange or deal in mortgages on behalf of a mortgage broker should meet the prerequisite educational standards required for registration. Persons engaged in mortgage brokering activities for a sponsoring broker prior to September 1, 1994 are required to complete and pass the educational requirements within three years of the introduction of the course. Those persons engaged in mortgage brokering on September 1, 1994 and later should complete and pass the education requirements within one year of beginning employment.

_____ Name of Company	_____ Registration Number
_____ Name of Authorized Agent	_____ Authorized Agent Start Date
Number of years worked as an agent in the mortgage broker industry. _____	
Educational requirement was met on _____ <div style="text-align: center;">Date</div>	
Educational requirement will met on _____ <div style="text-align: center;">Date</div>	
Copy of transcript or certificate <input type="checkbox"/> Attached <input type="checkbox"/> To follow OR A transcript or certificate was previously submitted on _____ <div style="text-align: center;">Date</div>	
under _____ Name of Sponsoring Mortgage Broker	
Dated at _____ this _____ day of _____, 20 ____	
_____ Signature of Authorized Agent	_____ Signature of Mortgage Broker

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LISTING OF AUTHORIZED AGENTS

Mortgage Broker Name: _____

Registration Number: _____

List Name(s) of Authorized Agent(s) below:

Name	Date Hired	Date Enrolled in Course	Date Course Passed	Transcript

Please use additional sheets if necessary.

Branch Office Address	Manager	Qualification Certificate