



Deposit Agent  
Reporting Form

This is the form to be used by Deposit Agents under the Deposit Agent Rules. It can be used for either an initial filing or an annual filing.

In this form:

**"Deposit Agent"** is someone who receives or solicits funds from investors and transmits those funds to a Financial Institution for investment in guaranteed investment certificates issued by the Financial Institution.

**"Financial Institution"** is

- ! a bank,
- ! a credit union, and
- ! a trust corporation or a loan corporation.

**"Sub-agent"** is someone who acts as a Deposit Agent, but deals through another Deposit Agent instead of dealing directly with Financial Institutions.

We confirm that we carry on the business of a Deposit Agent in Saskatchewan.

Deposit Agent's Surname: \_\_\_\_\_

Deposit Agent's First and Middle Names: \_\_\_\_\_

Other names Deposit Agent operates under: \_\_\_\_\_

Main business address: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Postal code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Name of contact person: \_\_\_\_\_

Date of Deposit Agent's financial year end (*This date must be completed, as it is used to verify that the the Deposit Agent Reporting Form has been filed within the required time limit.*): \_\_\_\_\_

**Branch offices**

Do you have branch offices? [ ] yes [ ] no If yes, please give the information requested below. [*If more than one branch office, list information on another sheet.*]

Business address: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Postal code: \_\_\_\_\_

Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

Name of contact person: \_\_\_\_\_

**Other licenses**

What other licenses do you hold?

Insurance [ ] yes [ ] no

Mutual Fund [ ] yes [ ] no

Real Estate [ ] yes [ ] no

Other (*Please specify*)

**Additional:**

Attach a list with the names of all support staff who assist you in processing GIC's.

**Trust Accounts**

Do you maintain an account in which you deposit investor's funds for the purchase of GICs?

[ ] yes [ ] no

If yes, state the name and address of the Financial Institution where the account is located:

Name of Financial Institution:

Address:

\_\_\_\_\_

Postal Code:

\_\_\_\_\_

*If you have a trust account and this is a renewal filing, you must also submit a completed Auditor's Report.*

**Financial Institutions**

Attach a list with the following information about each Financial Institution you will be placing your GIC business through.

- ! name of Financial Institution,
- ! name of contact person at Financial Institution,
- ! business address of the branch you deal with,
- ! mailing address with postal code,
- ! telephone number, and
- ! fax number.

**Sub-agents**

Do you have Sub-agents? [ ] yes [ ] no

*You must have approval from the Saskatchewan Securities Commission before you can have Sub-agents. Contact the Commission for more information.*

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

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

By \_\_\_\_\_  
(Signature of Deposit Agent or authorized officer)

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

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

Mail this completed form to:

Saskatchewan Financial Services Commission  
Securities Division  
6th Floor - 1919 Saskatchewan Drive  
Regina, Saskatchewan  
S4P 3V7  
Phone (306) 787-5645

**Don't forget to attach:**

- ! a list of the Financial Institutions you place your GIC business with.
- ! a completed Auditor's Report if you have a trust account, and are not filing this Reporting Form for the first time, and
- ! Information about your branch offices if you have more than two.
- ! a cheque to cover the administration fee associated with this filing, in the amount of \$50.00, payable to the Minister of Finance.

AFFIDAVIT

Province of Saskatchewan ) I, \_\_\_\_\_  
 ) (name in full)  
 ) of the \_\_\_\_\_  
 )  
 ) in the \_\_\_\_\_ of \_\_\_\_\_

MAKE OATH AND SAY:

1. I am the Deposit Agent (or authorized officer for the Deposit Agent) herein and I signed the Reporting Form.
2. The statements of fact made in the Reporting Form are true.

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

A Commissioner for Oaths in and for the  
 Province of Saskatchewan.

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