



This is the form to be used by Financial Institutions 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.

We confirm that we accept funds from Deposit Agents in Saskatchewan.

Our name: _____
 Head office address: _____
 Mailing address: _____
 Postal code: _____
 Phone #: _____ Fax #: _____
 Name of contact person: _____

Branch offices

Do you have branch offices in Saskatchewan that accept funds from Deposit Agents?
[] yes [] no If yes, complete the following for each branch office in Saskatchewan:

Business address: _____
 Mailing address: _____
 Postal code: _____
 Phone #: _____ Fax #: _____
 Name of contact person: _____

Business address: _____
 Mailing address: _____
 Postal code: _____
 Phone #: _____ Fax #: _____
 Name of contact person: _____

[If you have more than two branch offices, list them on another sheet.]

Deposit Agents

Attach a list with the following information about each Deposit Agent you currently deal with:

- ! name of Deposit Agent,
- ! name of contact person,
- ! business address,
- ! mailing address with postal code,
- ! telephone number, and
- ! fax number.

Dated at _____, this ____ day of _____, 20__.

(Name of Financial Institution)

By _____
(Signature of authorized officer)

(Type or print name)

(Official capacity)

!
!

AFFIDAVIT

Province of Saskatchewan) I, _____
) (name in full)
) of the _____
)
) in the _____ of _____

MAKE OATH AND SAY:

1. I am the authorized officer for the Financial Institution 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 Commission for Oaths in and for the
 Province of Saskatchewan.
 My commission expires _____.

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

A Notary Public in and for the
 Province of _____.
 My appointment expires _____.

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