

Notice of Termination of Sponsorship

(Notice must be received within 2 business days following termination of sponsorship)

Licensee Information (please print)

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Name																			
Licence Type	Licence Number	Termination Date	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">Y</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td> <td style="text-align: center;">M</td><td style="text-align: center;">M</td> <td style="text-align: center;">D</td><td style="text-align: center;">D</td> </tr> <tr> <td colspan="4" style="text-align: center;">/</td> <td colspan="2" style="text-align: center;">/</td> <td colspan="2"></td> </tr> </table>	Y	Y	Y	Y	M	M	D	D	/				/			
Y	Y	Y	Y	M	M	D	D												
/				/															
Was sponsorship terminated because the licensee acted inappropriately? Yes <input type="checkbox"/> No <input type="checkbox"/>																			
If yes, state the reason for termination <hr/> <hr/> <hr/>																			

Sponsor Information

2

Legal Name Of Sponsor																		
Signature of Authorized Official	Date	Telephone Number																
<table style="width: 100%; border: none;"> <tr> <td style="text-align: center;">Y</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td><td style="text-align: center;">Y</td> <td style="text-align: center;">M</td><td style="text-align: center;">M</td> <td style="text-align: center;">D</td><td style="text-align: center;">D</td> </tr> <tr> <td colspan="4" style="text-align: center;">/</td> <td colspan="2" style="text-align: center;">/</td> <td colspan="2"></td> </tr> </table>	Y	Y	Y	Y	M	M	D	D	/				/					
Y	Y	Y	Y	M	M	D	D											
/				/														
Name (please print)	Title	Fax Number																

Sponsor Instructions

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(a) This form must be forwarded to the Department within 2 business days following dismissal, resignation or termination of sponsorship. We recommend the form be faxed to (709) 729-3205.

(b) Should the sponsor become aware, subsequent to filing this form, of information that indicates the licensee may not be a suitable person to hold a licence, please notify us promptly.

(c) Please return licence if in your possession.

Routing Information

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Mail to Financial Services Regulation Division, Service NL, P. O. Box 8700, St. John's, NL Canada A1B 4J6
 or by courier to Financial Services Regulation Division, Service NL, 2nd Floor West Block, Confederation Building, Prince Philip Parkway, St. John's, NL or for more information Telephone: (709) 729-2595 or Fax: (709) 729-3205

PRIVACY NOTICE

The Financial Services Regulation Division collects personal information under the authority of the *Insurance Adjuster, Agents and Brokers Act*. Personal information collected by the Government of Newfoundland and Labrador is protected under the Access to Information and Privacy (ATIPP) Act. If you have any questions about the collection or use of this information, please contact our office.