

**The Mortgage Brokers Act
Application for
Mortgage Broker's Licence**

For Office Use Only

Receipt No	_____
Receipt Amount	_____
Tracking No	_____
Effective Date	_____

Type of Business

1

Corporation <input type="checkbox"/>	Partnership <input type="checkbox"/>	Sole Proprietor <input type="checkbox"/>
--------------------------------------	--------------------------------------	--

Corporation or Partnership

2

Legal Name of Business

Sole Proprietor

3

Last Name	First Name	Middle Initial(s)
-----------	------------	-------------------

Business Operating/Trade Name (if applicable)

4

--

Name of Contact Person

5

--

Mailing Address of Business

6

Street Name and No.	
P.O. Box / R.R. No.	City/Town
Province	Postal Code

Location of Business

7

Street Name and No.	
City/Town	
Province	

Contact Information

8

Business Telephone	Business Fax	E-Mail Address	Business Registration No. (if applicable)
--------------------	--------------	----------------	---

Criminal Record Screening

9

Have you or any partners, officers, directors or contact persons for your business been charged with any criminal offence under any statute of the Parliament of Canada in the past five years? Yes No
If yes, please attach particulars.

Have you or any partners, officers, directors or contact persons for your business been convicted or found guilty of an offence under the law of any country, state or province in the past five years? (Include absolute discharge and conditional discharge.) Yes No
If yes, please attach particulars.

Personal Information (to be completed by a sole proprietor and the contact person for a corporation or partnership)

10

Residence Mailing Address	City/Town	Province	Postal Code
Residence Telephone	Residence Fax	E-Mail Address	
Sex Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth Y Y Y Y / M M / D D	Place of Birth	Social Insurance Number

11

Certification

I, _____ certify that I am the applicant, or an officer, director or partner of the applicant and am properly authorized to make this application; that all applicable municipal, provincial and federal laws shall be observed; that all the information given by me is true and complete and that I realize failure to provide full and true information may result in suspension or revocation of the licence.

Name (please print)

Date

Y Y Y Y M M D D
/ /

Signature of Applicant

12

Routing Information

Please return completed form by 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, 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 relating to mortgage brokers under the authority of the *Mortgage 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.