The Credit Reporting Act

Instructions on Applying for an Credit Reporting Agency Licence

To be licensed as a credit reporting agency you will need:

a) a registered name; and
b) a completed application form.

1. **Name registration:**

All corporations and operating (business) names must be registered with the Corporate Registry of the Information Services Corporation (ISC). Phone 306-787-2962 for information on this procedure.

2.(a) **Complete all pages of the application in full**.

Application as a Credit Reporting Agency
(4 pages)

Please note, the **designated mailing address** (section 4 on the application) is used for mailing of correspondence from the Consumer Protection Division for routine correspondence, information, complaints and renewal notice.

(b) The **Saskatchewan address for service** is the Saskatchewan address to be used for official notification of legal documents/actions.

(c) **Notice required of all changes on the application**

Where any changes occur that affect or change the information on the application, written notice to Consumer Protection Division is required.

3. **Licence fee** is as follows:

Agency Licence: $500

Make fee payable to the MINISTER OF FINANCE
A form is enclosed if paying by credit card

Licenses are valid for one year from date of issue unless otherwise suspended or cancelled.

4. **Mail** the following to this office:

Completed application form – with signatures.

Licence fee in the correct amount – see #3 above.

Financial and Consumer Affairs Authority of Saskatchewan
Consumer Protection Division
500 - 1919 Saskatchewan Drive
Regina, Saskatchewan S4P 4H2
Telephone: 306-787-5550 1-877-880-5550 (toll-free) Fax: 306-787-9779
Email: consumerprotection@gov.sk.ca
Web address: http://www.justice.gov.sk.ca/cpb

5. **General Remarks**

The application information is to be legible or it will be returned.

Every applicant for a licence should become familiar with the Act and Regulations. Also every applicant should exercise care in completing the application form. Extra care will avoid delays which occur when applications must be returned because of incomplete answers, incorrect fees.

A complete copy of The Credit Reporting Act is available free of charge online at qp.gov.sk.ca or for a nominal fee for a print copy contacting the Office of the Queen's Printer at Telephone: 1-800-226-7302 (Sask. residents only) • 306-787-6894 • Fax: 306-798-0835
E-mail: http://www.qp.gov.sk.ca/

Government of Saskatchewan
FCAA Financial and Consumer Affairs Authority

Consumer Protection Division

500 - 1919 Saskatchewan Drive
Regina, SK Canada S4P 4H2
306-787-5550 Fax 306-787-9779
Toll Free 1-877-880-5550

Application for Credit Reporting Agency Licence

Licence fee $500 (1-year term)

Make cheque payable to the Minister of Finance or complete credit card information on the enclosed payment authorization form.
$10 service charge for any cheque returned from your financial institution.

1. **Business Name** – must be an active registration with the Corporate Registry of Information Services Corporation
Please print

2. Legal Name (**select A, B or C which ever applies**) - Please print

A. Corporation Name – must be an active registration with the Corporate Registry of Information Services Corporation

B. Sole Proprietorship – must be legal name

C. Partnership – names of **all** partners – must be legal name ☐ Check (√) if additional pages are used.

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Application for Credit Reporting Agency Licence

3. Location of the business
*(include the full civic address, postal code **OR** legal land description, including R.M. name and number)*

Location:	
Phone:	Email:
Fax:	Website:

4. Designated mailing address for correspondence from this office OR Same as #3 – Yes ☐
(include the full address, postal code, a box number is acceptable)

Mailing Address:		
Phone:	Fax:	Email:

5. Saskatchewan address for the servicing of legal documents (location of the business or the mailing address may be used). If using an address other than your business address, include the name of the person/law firm as well as their location or mailing address. *(include the full address, postal code, or legal land description, including R.M. name and number)*

Address for servicing of legal documents		
Phone:	Fax:	Email:

Application for Credit Reporting Agency Licence

6. During the past ten years, has the sole proprietor, any partner, or director/officer of the corporation had a business licence refused, suspended or cancelled under the laws of any province, territory, state or country?

   No ☐ Yes ☐ (*If "yes", attach details).*

7. Has the sole proprietor, any partner, or any director/officer of the corporation been convicted of a criminal offence within the previous 10 years? No ☐ Yes ☐

   Statements respecting criminal records are subject to verification.

8. **AUTHORIZATION FOR CRIMINAL RECORD CHECK** - include Maiden Names separately if applicable

   To be completed by all partners, directors or officers:

   I authorize the Registrar or his designate to obtain a criminal record check during the time of application, or period of licence granted pursuant to this application and any renewals:

   ☐ Check (√) if additional pages are used.

Legal Name	**Place of Birth**	**Date of Birth** (yyyy/mm/dd)	**Signature**

Application for Credit Reporting Agency Licence

9. Branch Offices utilized for conducting business in Saskatchewan.
(include the name of the contact person and the full address, postal code, phone and fax numbers and if any, email/internet address)

Contact Name:		
Branch Office Address:		
Phone:	Fax:	Email/Internet:

Contact Name:		
Branch Office Address:		
Phone:	Fax:	Email/Internet:

DECLARATION

I solemnly declare that the information provided by me in this application is true, and I make this solemn declaration conscientiously believing it to be true and knowing that providing false information may result in sanctions and licence cancellation.

I hereby authorize the Consumer Protection Division to collect additional information from other government regulators and law enforcement agencies, as well as former and current employers (if applicable), to complete and verify information provided in this form.

I will provide the Consumer Protection Division with written notice, when any changes occur that affect or change the information on the application.

I also hereby consent to the Consumer Protection Division sharing information collected under this application and *The Credit Reporting Act* with regulating authorities in other jurisdictions.

Signed:

_____
Print name of Applicant

Dated _____, _____

_____
Signature of Applicant
(must be signed by a person authorized to sign on behalf of the business)

If the application is not completed properly, or if any of the information requested is not included, processing delays may result.

Consumer Protection Division

500 - 1919 Saskatchewan Drive
Regina, SK Canada S4P 4H2306-787-5550
Fax 306-787-9779Toll Free 1-877-880-5550

Payment Authorization

I, _____ authorize the

Consumer Protection Division to charge $_____ to my credit card.

☐ Visa ☐ Mastercard

_____
Name appearing on card

Card No.

MM YY

Expiry Date

_____ _____
Signature of Card Holder Date

Please include with your supporting documents.