



FCIDB FINANCIAL INSTITUTION MEMBERSHIP APPLICATION & RENEWAL

MEMBERSHIP TYPE:

REGULAR MEMBER

APPLICANT INFORMATION

NEW MEMBER

RENEWAL

BUSINESS NAME _____

PHONE _____ E-MAIL _____

BUSINESS ADDRESS _____

CITY _____ PROV. _____ POSTAL CODE _____

PHONE _____ FAX _____

E-MAIL _____

WEBSITE _____

PRIMARY CONTACT _____

DOES THE FIRM USE ICS COURIER? YES NO

JURISDICTIONS OF OPERATION

BRITISH COLUMBIA

NOVA SCOTIA

ALBERTA

NEWFOUNDLAND & LABRADOR

SASKATCHEWAN

PRINCE EDWARD ISLAND

MANITOBA

YUKON TERRITORY

ONTARIO

NORTHWEST TERRITORIES

QUEBEC

NUNAVUT

NEW BRUNSWICK

DEPOSIT AGENTS (Optional)

How many deposit agent agreements does the institution have? _____

What is the annual volume of deposits taken through deposit brokers? _____

Does the institution maintain its own branch network? YES NO

If **YES**, please provide an approximate percentage of the total deposits taken received from deposit brokers _____

INSTITUTIONS OFFERED AND INSURANCE COVERAGE

Please list all institution/trade names of companies that accept deposits for the corporation named as the applicant, as well as the deposit insurance program of which it is a member.

INSTITUTION NAME	DEPOSIT INSURANCE
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

ATTACHMENTS

Please attach a copy of the following documents:

- ▶ A list of all persons authorized to request information from the FCIDB Agent Registry
- ▶ A cheque payable to the FCIDB in the amount of \$2,100.00 for the annual membership fee of \$2,000 plus 5% GST
- ▶ A completed FCIDB Financial Institution Profile document for each institution accepting deposits
- ▶ If employees of the applicant corporation are being registered as FCIDB Affiliates please submit a completed FCIDB Individual Membership Application for each person.

APPLICANT ACKNOWLEDGEMENT AND SIGNATURE

I hereby confirm that the above information is true and complete to the best of my knowledge, and authorize the FCIDB to collect, retain, and use the above information as is required to carry out the regular business of the FCIDB. I hereby authorize the transmission of the above information as required by court order or as required by law.

PRINT NAME _____ TITLE _____

SIGNATURE _____ DATE _____