

# THE MORTGAGE BROKERS ACT



THE MANITOBA  
SECURITIES  
COMMISSION

## Application for Renewal of Registration

Mortgage Broker  Restricted Mortgage Broker

It is in your best interests to ensure that this form is completed properly to avoid delay in processing. If space is not sufficient, attach a separate sheet and cross-reference to the appropriate question. All such attachments **must be signed by the person completing this application**. Under the Mortgage Brokers Act, if the Broker is a corporation, the **corporation** is the Broker; if the Broker is a proprietorship, the **proprietor** (owner of the business) is the Broker; if the Broker is a partnership, the **partnership** is the Broker.

*To The Registrar  
The Mortgage Brokers Act*

Pursuant to subsection 18(1) of *The Mortgage Brokers Act* application is hereby made for renewal of registration as a mortgage broker of:

1. Name of Broker: \_\_\_\_\_
2. Business Name (if none, state "None") \_\_\_\_\_  
(Business or Trade name under which the Broker carries on business)
3. Address for Service in Manitoba \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Mailing Address: civic address or post office box #) (city/town) (prov.) (postal code)
4. a) Business Address \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
b) Business Office Telephone No: \_\_\_\_\_ Fax No. \_\_\_\_\_ E-Mail \_\_\_\_\_  
c) Name of Authorized Official in charge of this office: \_\_\_\_\_
5. Location of mortgage trust account(s) (if applicable):  
Name of financial institution \_\_\_\_\_  
Address \_\_\_\_\_  
Account number(s) \_\_\_\_\_
6. The Broker is applying for registration of the following branch offices (if none, state "None")

BRANCH ADDRESS	NAME OF AUTHORIZED OFFICIAL IN CHARGE OF THIS BRANCH OFFICE

7. Where the Broker is a CORPORATION:

(a) Provide the following information for each OFFICER and/or DIRECTOR.

FULL NAME	RESIDENTIAL ADDRESS	OFFICIAL POSITION	OCCUPATION OR PRINCIPAL BUSINESS

(b) Provide the following information for each SHAREHOLDER. ((This information not required for publicly-traded companies)

FULL NAME	RESIDENTIAL ADDRESS	% OF SHARES OWNED	OCCUPATION OR PRINCIPAL BUSINESS

(c) If the Broker is a subsidiary of another corporation, give the full name and office address of the parent corporation in which the ultimate control of the Broker is vested. \_\_\_\_\_

8. Where the Broker is a PARTNERSHIP:

(a) Provide the following information for each INDIVIDUAL PARTNER (if a partnership of individuals); or

FULL NAME	RESIDENTIAL ADDRESS	% OF SHARES OWNED	OCCUPATION OR PRINCIPAL BUSINESS

(b) Provide the following information for each PARTNER which is a CORPORATION.

FULL NAME	RESIDENTIAL ADDRESS	% OF SHARES OWNED	OCCUPATION OR PRINCIPAL BUSINESS

9. Provide full particulars if business structure is other than 8. (a) or (b) (e.g. a limited partnership). \_\_\_\_\_  
 \_\_\_\_\_

10. The applicant has secured Errors and Omissions Insurance through \_\_\_\_\_ as required by Section 7 of the Mortgage Brokers Regulation M.R. 41/2011.

I certify that the foregoing statements are true and correct.

I am the authorized official/officer/director/partner/proprietor of the applicant named in question 1. above. The statements of fact made in this application for renewal of registration as mortgage broker under The Mortgage Brokers Act are true.

DATED at \_\_\_\_\_

This \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_

\_\_\_\_\_  
 Name of Broker

\_\_\_\_\_  
 (Signature of authorized official, partner, officer, director, proprietor of applicant.)

\_\_\_\_\_  
 (Official Capacity)

