



Environment, Labour and Justice
Consumer, Labour and Financial Services

Application for Collection Agency Licence

(Pursuant to the *Collection Agencies Act* R.S.P.E.I. 1988, Cap. C-11)

PO Box 2000, Charlottetown, PE C1A 7N8
Tel: 902 368 4580 Fax: 902 368 5283

1. Name of Applicant: _____

2. Address of Applicant _____

for service in _____

Prince Edward Island: _____

3. Telephone Number: _____

4. Jurisdiction where business incorporated or otherwise found

5. Indicate with an "X" whether applicant is:
a corporation _____ a sole proprietorship _____ a partnership _____ other (specify) _____

6. If applicant is a corporation, names and addresses of officers are:

President _____

Address _____

Vice-President _____

Address _____

Secretary-Treasurer _____

Address _____

Provide list of additional officers, if any, on a separate sheet.

7. If applicant is a partnership, attach a list of the names and addresses of all partners.

8. Has applicant ever applied for a collection agency licence before? Yes _____ No _____

9. Has applicant ever been refused a licence, or has it ever had its license suspended or cancelled in any province or other jurisdiction? Yes _____ No _____

10. Will applicant be engaged, occupied or employed in any business other than a collection agency?
Yes _____ No _____ If yes, please provide details

11. Name and address of the Canadian financial institution where the trust account, required by section 9 of the Act is maintained.

Name _____

Address _____

12. Are there any unpaid judgments against the applicant, its partners or directors?

Yes _____ No _____ If yes, please provide details

Signed on behalf of the applicant

Signature _____ Date _____

AFFIDAVIT

I _____ of _____

in the Province of _____

MAKE OATH AND SAY (OR AFFIRM) AS FOLLOWS:

1. THAT I am one of the applicants or a partner or officer of one of the applicants named in the annexed application for a Collection Agency Licence and have a full knowledge of the facts set out in the said application.
2. THAT the statements and allegations contained in the annexed application are true and correct according to the best of my knowledge, information, and belief.

SWORN (OR AFFIRMED) before me at _____)

in the Province of _____)

on the _____ day of _____ 20 _____)

Signature of Applicant

A COMMISSIONER FOR TAKING AFFIDAVITS
(OR AS MAY BE)

Please complete and return application with the licence fee of \$600 for a tow-year period, payable to the Minister of Finance, Energy and Municipal Affairs.