



INSTRUCTIONS

- 1. Upon completion, please forward this form and all attachments to:

BC Financial Services Authority
600-750 W. Pender St.
Vancouver, BC V6C 2T8
Or
Fax: 604-660-3203

Freedom of Information and Protection of Privacy Act (FOIPPA)

The information requested on this form is collected under the authority of section 26(c) of the Freedom of Information and Protection of Privacy Act. The information is collected for the purpose of processing your payment. If you have any questions about the collection or use of this information, please contact the Privacy Officer at 604-660-3555, 600-750 West Pender Street, Vancouver, BC, V6C 2T8.

Please Note: due to Payment Card Industry compliance requirements documents received by email that contain credit card information will not be accepted and will be deleted.

PART 1 – CLIENT INFORMATION

Contact Name:

Contact Phone Number

Industry:

Pensions

Plan #, Plan Name

PART 2 - PAYMENT INFORMATION

Description of Services:

(For example: APR Filing Fees, New Plan Registration Fees, Penalties.)

For Specific Fees Please Refer To Our Website www.bcfsa.ca

I hereby authorize the following amount to be applied against this credit card:

PART 3– CREDIT CARD INFORMATION

Card Holder Name (exactly as shown on card):

Credit Card Number:

Expiry Date (MM/YY)

Cardholder Signature:

Date: