



COMPANY INFORMATION

Firm name: _____

Date: _____

Category of Financial Services Provider

The applicant confirms that it falls into the following category (please check the applicable category):

- | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Bank, federal credit union or authorized foreign bank listed in Schedules I, II or III of the <i>Bank Act</i> (Canada) | <input type="checkbox"/> Mutual fund dealer, as such term is defined in National Instrument 31-103 |
| <input type="checkbox"/> Federal trust or loan company incorporated or continued under the <i>Trust and Loan Companies Act</i> (Canada) | <input type="checkbox"/> Scholarship plan dealer, as such term is defined in National Instrument 31-103 |
| <input type="checkbox"/> Federal cooperative credit association incorporated or continued under the <i>Cooperative Credit Associations Act</i> (Canada) | <input type="checkbox"/> Exempt market dealer, as such term is defined in National Instrument 31-103 |
| <input type="checkbox"/> Canadian trust or loan company incorporated or continued under provincial or territorial trust and loan companies legislation | <input type="checkbox"/> Restricted dealer, as such term is defined in National Instrument 31-103 |
| <input type="checkbox"/> Canadian credit union or caisses populaire incorporated under provincial or territorial credit union and caisse populaires legislation | <input type="checkbox"/> Portfolio manager, as such term is defined in National Instrument 31-103 |
| <input type="checkbox"/> Investment dealer, as such term is defined in National Instrument 31-103 | <input type="checkbox"/> Restricted portfolio manager, as such term is defined in National Instrument 31-103 |
| | <input type="checkbox"/> Other (please specify):

_____ |



Subsidiaries, Affiliates and Related Companies

Names of subsidiaries, affiliated companies or related companies, if any, **including official names in French**, if applicable.

1 _____

2 _____

3 _____

Contact Information (External)

Contact name: _____

Title: _____

Address: _____

Phone number: _____

Fax number: _____

Email: _____

Contact Information (Internal)

Contact name: _____

Title: _____

Address: _____

Phone number: _____

Fax number: _____

Email: _____

Please complete and return to:

OBSI

Email: membership@obsi.ca

Fax: 1-888-422-2865

Mail:

401 Bay Street

Suite 1505, P.O. Box 5

Toronto, ON M5H 2Y4

Questions can be directed to our membership team at **membership@obsi.ca** or **1-888-451-4519, extension 2278**.

The external contact information is given out by OBSI for customer or general inquiries about your firm or your complaint process. This information will also be posted on OBSI's website in our directory of member firms.

The internal contact is only used by OBSI staff and will not be given out or displayed publicly.

Member firms are required to notify OBSI if any of their contact information changes.

Please note that the designated contact for internal purposes will also be subscribed to OBSI's e-newsletter distribution list. OBSI uses its e-newsletter to disseminate information that is important to member firms, including changes in policies and procedures, fees, and other matters. Subscription to the e-newsletter is mandatory for members' designated internal contact.