# BRITISH COLUMBIA FINANCIAL SERVICES AUTHORITY PERSONAL INFORMATION RETURN

## Please read the following carefully prior to completing the attached form

All Directors of Credit Unions are required by provincial statute to file a *Personal Information Return* (PIR) with the British Columbia Financial Services Authority prior to taking office.

The PIR must be completed online, printed out, signed, and submitted with your completed nomination papers. The form may be accessed at:

## https://www.bcfsa.ca/media/2883/download

- ➤ Please review the *Instructions for Completing the Personal Information Return* (page 4 of the online document), in particular, the requirement for a resume, a Criminal Record Check report, and a Bankruptcy and Insolvency Records Search Results report. With respect to these requirements:
  - You must submit a resume with your PIR.
  - Williams Lake and District Credit Union will conduct a Bankruptcy and Insolvency Records Search on your behalf and forward the report to the British Columbia Financial Services Authority with your PIR.
  - You must initiate your own Criminal Record Check, *based on name and date of birth*, with your local RCMP detachment. As results can take considerable time to obtain, please start this process immediately. Submit the results with your PIR.

Note: If you have not received the results of your Criminal Record Check in time to include them with your nomination papers, please include a note with your submission confirming that you have commenced the process and the date on which you made your request. Once received, please submit your results, marked **Private and Confidential**, addressed to:

Amanda Langford, Executive Assistant to the CEO Williams Lake and District Credit Union 139 North 3<sup>rd</sup> Avenue, Williams Lake, BC V2G 2A5

➤ Please disregard instruction 2) which directs that the PIR be submitted to the British Columbia Financial Services Authority. Submit the PIR to the Credit Union with your nomination papers.



## PERSONAL INFORMATION RETURN

Directors, (Senior) Officers, Employees and Others

#### **INSTRUCTIONS**

1. See page four for instructions

2. Contact:

BC Financial Services Authority 600 - 750 West Pender Street Vancouver, BC V6C 2T8

Web: https://www.bcfsa.ca/

Ph: 604-660-3555 Toll-free: 1-866-206-3030 (BC)

Fax: 604-660-3365

#### Freedom of Information and Protection of Privacy Act (FOIPPA)

The information requested on this form is collected under the authorities of sections 26(a) and 26(c) of FOIPPA; sections 11(3)(e) and 15.1(5)(a)(iii) of the Credit Union Incorporation Act; (CUIA); sections 13(2)(e), 22(2)(c), and 105 of the Financial Institutions Act (FIA); section 3(c) of the Trust and Deposit Business Exemption Regulation; and section 3 of the Insurance (Captive Company) Act (ICCA). The information is collected for the purposes of administering the CUIA, FIA, and ICCA. If you have any questions about the collection or use of his information, please contact the Privacy Officerat 604-660-3555, 60 and 750 West Pender Street, Vancouver, BC, V6C 2T8.

| PART A – GENERAL INFO                       | RMATION                             |  |                               |
|---|-------------------------------------|--|-------------------------------|
| 1. Form being submitted is                  |                                     | ☐ Update to existing information                   | Specify which section of form |
| 2. Personal Information for (               | check all that apply)               |  |                               |
|   | or Officer                          | ☐ Shareholder                                      |                               |
|   | or Gillion                          |  | nt Shareholder                |
|   |                                     | more of the voting (specified                      | %)                            |
|   |                                     | shares)  |                               |
|   |                                     |  |                               |
|   |                                     |  |                               |
|   |                                     |  |                               |
|   |                                     |  |                               |
| Exempt Trust Societies:                     | □ Empleyee                          |  |                               |
| ☐ Officer                                   | ☐ Employee                          |  |                               |
| Commencement or Share                       | <del></del>                         |  |                               |
| Acquisition Date                            |                                     |  |                               |
| ·   |                                     |  |                               |
| 3. Name of Organization                     |                                     |  |                               |
| 4. Full Legal Name (first, mid              | Idle, last)                         |  |                               |
| 5. All Previous Names (first,               | middle, last)                       |  |                               |
| •   |                                     |  |                               |
| 6. Residential Address (stree               | et number, city, province, post l   | code,  |                               |
| 7 Dhana Namahan                             | $\langle \cdot \cdot \cdot \rangle$ | O Farrit Address                                   |                               |
| 7. Phone Number                             |                                     | 8. Email Address                                   |                               |
| 9. Citizenship                              |                                     | 10. Place of Birth (city, country)                 |                               |
| 11. Date of Birt (m) dd/yy                  | vv)                                 |  |                               |
| 333   |                                     |  |                               |
| 12. If you we exam outside                  | anada, indicate the date of         | your arrival in Canada (mm/dd/yyyy)                |                               |
| 13. Hav v u, at any time, re                | esided in a country outside of Ca   | anada  | ☐ Yes ☐ No                    |
| Massa please increate the                   | he ates and locations (country      | state, province or territory) of each residency (m |                               |
| . est please illustate il                   |                                     |  | iii/dd/yyyy)                  |
| From  | Until                               | Location   |                               |
| From  | Until                               | Location   |                               |
| 110111                                      |                                     | Location   |                               |
| 14. Driver's License #                      | 1                                   | 15. Issuing Province/Territory                     |                               |
| DART D. FMRI OVMENT                         |                                     |  |                               |
| PART B – EMPLOYMENT  1. Position/Occupation |                                     |  |                               |
|   |                                     |  |                               |
| 2. Name of Employer                         |                                     |  |                               |
| 3. Employer's Address (stree                | et number, city, province, postal o | code)  |                               |
|   | , p, p                              | ,  |                               |
|   |                                     |  |                               |

| 4. Phone Number                            |   | 5. Email Address  |                |              |  |
|--|---|---|----------------|--------------|--|
| A current resume must I                    | be included with this form as per <u>Instr</u>  | uctions   |                |              |  |
| PART C - OTHER INFO                        | RMATION   |   |                |              |  |
| 1. List any memberships                    | in professional societies or associations   | (if none, please indicate)  |                |              |  |
|  |   |   |                |              |  |
| 2. List any directorships h                | neld (if none, please indicate)   |   |                |              |  |
|  |   |   |                |              |  |
| 3. List any companies in                   | which you own or control more than 10%  | of the voting shares (if none, please indica                                      | ite)           | $\leftarrow$ |  |
|  |   |   |                |              |  |
| 4 Connected party of a T                   | rust or Insurance Company per section 4   | 18 of the Financial Institutions Act  |                |              |  |
| 4. Commoded party of a 1                   | rust of insulation company per section -  | to of the Financial manualons fee   | Les            | □No          |  |
|  |   | with an offence, under the <i>Cristinal Code</i>                                  |                |              |  |
|  | erritorial legislation or the legislation of a<br>en granted a pardon and/or record suspe |   | ∐Yes           | □No          |  |
| If Vos. plages provide                     | e the type and details of the conviction or   | : offence:  |                |              |  |
| From (mm/dd/yyyy)                          | Description   | olichice.   |                |              |  |
|  |   |   |                |              |  |
| From (mm/dd/yyyy)                          | Description   |   |                |              |  |
|  |   |   |                |              |  |
| A Criminal Record Ched                     | ck report must be provided as per <u>In</u>   | structions  |                |              |  |
| have you been censure                      | on open against you by a profess onator,<br>ed, suspended or disqualitied by a profes     | ssional organization or self-regulatory   | ∐Yes           | □No          |  |
|  | dgm. ntbeen made against ou where m<br>ling of habitity been thade against you inv        | nonetary awards have been made, but not volving fiduciary, trust or fraud claims? |                |              |  |
| If Yes (include any                        | ompanies of which ou are or were a dire   | ector or officer to which the questions above                                     | e require a re | esponse),    |  |
| please provide the ty<br>From (mm/c b, vy) | pe and details of the judgement or action<br>Description                                  | l:  |                |              |  |
|  | X   |   |                |              |  |
| Fron (mm/dd/yyyy)                          | Description   |   |                |              |  |
|  |   |   |                |              |  |
| 7. Under the laws of any                   | province, territory, state, or country, have  | you over: (a) been netitioned into  |                |              |  |
|  | a voluntary assignment in bankruptcy, or  | (c) filed a proposal under any bankruptcy   | ∐Yes           | □No          |  |
| If Yes to 7. (a) or (b),                   | please provide the following:   |   |                |              |  |
| i. Date of Assiç                           | gnment or Receiving Order (mm/dd/yyy  | y)  |                |              |  |
| ii. Date of Abso                           | olute Discharge (mm/dd/yyyy)  |   |                |              |  |
| iii. If Conditiona                         | al, Date of Conditional Discharge (mm/d   | d/yyyy)   |                |              |  |

If Conditional Discharge, provide description of conditions:

|         | iv.                     | Cause of Bankruptcy/  | Insolvency   |  |   |  |
|---------|-------------------------|---|--|--|---|--|
| lf      | Yes t                   | to 7. (c) please provide t  | the following:   |  |   |  |
|         | ٧.                      | Date of proposal  | vi. Proposal was   |  |   | vii. Current Status  |
|         |                         |   |  | ☐ Accepted   | Rejected  |  |
| \       | viii.                   | Description of Propos   | al Terms   |  |   | •  |
|         |                         |   |  |  |   |  |
| A Bar   | nkrupt                  | tcy and Insolvency Rec  | ords Search Results re   | eport must be prov   | ided as per <u>Instructio</u>   | <u>18</u> .  |
|         | RT D -<br>NSENT         | CERTIFICATION &   |  |  |   |  |
| I, th   | ne und                  | ersigned,   |  |  |   |  |
| (a)     | certif                  | y that the foregoing state  | ments are true, correct a  | and complete to the  | best of my knowledge,   | in ormation and belief.  |
| (b)     | gove<br>or se<br>positi | rnment institutions, court<br>If-regulatory bodies to wh<br>ion to control or influence<br>ch through the Royal Can | s, credit bureaus, financ<br>nich I belong or have bel<br>a a financial institution (o | ial institutions, curre<br>onged for the purpo<br>r other regulated en | nt and past employers,<br>se of investigative my s<br>tity), including, but ne vi | ik sluding but not limited to<br>and professional organizations<br>uitability to be a person in a<br>mited to, a criminal records<br>ruptcy and insolvency records |
| (c)     |                         | rstand that the BC Finand<br>stigation including but not  |  |  |   | me and/ or make a separate   |
| (d)     | unde<br>omis            | r which the statement is  | made, is false or mislead  | ing with respect to  | a naterial fact or that o   | I in the light of the circumstances<br>mits to state a material fact, the<br>ith respect to my suitability   |
| Positio | on/Titl                 | e at Financial Institution  | ON   |  |   |  |
| Signa   | ture                    |   | 14.  | •  | D:  | ate  |
| Ç       |                         |   | <b>*</b>   |  |   |  |

### Instructions for Completing the Personal Information Return

This return is required pursuant to sections 13(2)(e), 22(2)(c), and 105 of the *Financial Institutions Act*, section 3 of the *Insurance (Captive Company) Act*, sections 11(3)(e), and 15.1(5)(a)(iii) of the *Credit Union Incorporation* Act, and section 3(c) of the Trust and Deposit Business Exemption Regulation, as applicable.

- 1. Upon completion, please submit all documents through the Integrated Regulatory Information System ("IRIS"). For further information on the submission method, please email us at Filings@bcfsa.ca.
- 2. This return must not be handwritten except for the signature and is offered as a fillable and savable PDF form for your conveying.
- All applicable information must be provided. If additional space is required for answers, attach additional typed/ printed sheets as necessary.
- 4. A resume that includes employment history up to the date of submission of this return must be provided.
- 5. Both a criminal record check, by an appropriate police agency, and a bankruptcy and insolvency check from the Office of the Superintendent of Bankruptcy Canada must be provided. The criminal record check and bankruptcy and insolvency checks must be conducted using the individual's full name and date of birth.
- 6. If more than one individual is identified in the search, or any of the boxes on the criminal record check results form are marked "may or may not exist" the applicant must apply for their criminal record. To do so, they must get fingerprinted and send a request to Ottawa to obtain the details. The person needs to send us explanation of what may be on their record and confirmation they have applied for the fingerprint based criminal record sheck with this form
- 7. Please note that this return is to be filed with the BC Financial Solvices a uthority for new directors, senior officers, and any controlling shareholders prior to taking office, some encing duties, or acquiring ownership. The bankruptcy and criminal record checks along with a resume do not need to be med prior to taking once or commencing duties; these documents can be filed with us separately.
- 8. In order to qualify for an exemption under sect on 3 of the Trust and Deposit Exemption Regulation, each director, officer, and employee of the society exagger in the trust bus bess of the society must submit a PIR to the Superintendent.
- A PIR may also be used in satisfaction of the information required from a shareholder or reciprocal exchange under Sections 58, 187 of the CA.
- 10. A new re urn's required to be completed and submitted to the BC Financial Services Authority immediately upon any change of information contained on the last filed return. A new criminal record check and/or bankruptcy and insolvency report is only required for subsequent changes to information contained in Section C. 5., C. 6. and/or C.7.

Please visit our webs te at: https://www.bcfsa.ca/