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DEBT COLLECTION & DEBT REPAYMENT CLAIM FORM

CLAIMANT	LICENSEE (collection agent/bailiff/debt repayment agent)
Name:	Name of Licensee:
Claimant Type - Business <input type="checkbox"/> or Individual <input type="checkbox"/>	Collection Agent <input type="checkbox"/> Bailiff <input type="checkbox"/> Debt Repayment <input type="checkbox"/>
Address:	Business Address:
City.....Prov.....	City.....Prov
Postal Code.....	Postal Code.....
Phone Number:.....	(Office Use Only) Date of Closure:
Fax Number:	
Email	
Amount of Claim \$CAD <input type="checkbox"/> U.S. <input type="checkbox"/>	

1. Type of Claim – failure of licensee to remit funds collected failure of licensee to account for funds collected

2. Briefly describe the nature of the loss: _____

3. For a claim based on a failure to remit funds collected from a debtor, please list names of debtors involved and the amount each paid to the collection agent or bailiff that was not remitted (if more than 3 debtors, attach a schedule);

Debtor Name Amount \$.....Phone Number (.....)-

Debtor Name Amount \$.....Phone Number (.....)-

Debtor Name Amount \$.....Phone Number (.....)-

4. For a claim based on a failure of a debt repayment agent to forward funds collected to creditors, please list names of creditors involved and the amount each should have been paid by debt repayment agent (if more than 3 creditors, attach a schedule);

Creditor Name Amount \$.....Phone Number (.....)-

Creditor Name Amount \$.....Phone Number (.....)-

Creditor Name Amount \$.....Phone Number (.....)-

Why do you believe the funds detailed above were either not remitted or forwarded?

What commission rate would otherwise be applicable to the collections made but not remitted% or \$.....

5. For a claim based on a failure to account for funds collected, please indicate when the last accounting was received:

Date or never received one

Have you made a formal, written demand for remittance of the funds owed and/or for an accounting of the funds collected, as permitted to you under Section 126 (3) of the *Business Practices and Consumer Protection Act*?

No or Yes Date of Demand

6. What was the date of the last communication you had with the licensee regarding this dispute

7. Provide any further information you have that supports your claim: _____

A CLAIM CANNOT BE PROCESSED WITHOUT APPROPRIATE SUPPORTING DOCUMENTS

PLEASE CHECK AND ATTACH ALL OF THE FOLLOWING THAT APPLY:

- 8. This claim form, fully completed and signed
- 9. Copy of the contract with the licensee (if any) or check the following box if no written contract exists
- 10. Copy of most recent remittance notice or accounting received from the licensee (if any)
- 11. Proof of all collections made on your behalf by the licensee but not remitted to you (paid cheques, bank statements, statements from debtors, etc.)
- 12. Copy of any judgments you received against the licensee regarding the unremitted collections
- 13. Other _____
- 14. Other _____

RELEASE AND UNDERTAKING OF CLAIMANT

I/We, the claimant(s), hereby confirm that I/We have suffered the loss set out above and have not received payment or reimbursement of the said claim from any source and that I/We have not released or discharged the said claim, or any part thereof, against any other person or corporation and covenant that I/We will furnish the Director with all papers and information in my/our possession respecting the claim.

In the event of receiving payment from the Director, I/We hereby discharge and forever release the said Director from all further claims and demands of the said loss and damage;

Signature of Claimant

Signature of Claimant

Please Print Name

Please Print Name

Date

Date