



NOTICE OF BUSINESS CHANGE FORM

Please check applicable box:

- CHANGE OF SHAREHOLDER(S)** - Complete 1, 2, 3, 5 to 14 and Terms and Conditions
- CHANGE OF OFFICER(S) DIRECTOR(S)** - Complete 1,4, 5 to 14 and Terms & Conditions
- CHANGE OF PARTNER(S)** - Complete 1, 4, 5 to 14 and Terms and Conditions
- ADD NEW SHAREHOLDER(S)** - Complete 1, 3, 5 to 14 and Terms and Conditions
- ADD NEW OFFICER(S) DIRECTOR(S)** - Complete 1, 5 to 14 and Terms and Conditions
- ADD NEW PARTNER(S)** – Complete 1, 5 to 14 and Terms and Conditions

1 REGISTRANT INFORMATION				
Retail Registration #		Wholesale Registration #		
Name of Registrant				
Address			Phone ()	Fax ()
			Toll free	e-mail
City	Province	Postal Code 	Website	

2 NAME OF PREVIOUS SHAREHOLDER(S)				
Last name	First Name	Middle Name	No. of shares held	No. of voting shares held

2700 Matheson Blvd E., Suite 402, West Tower ♦ Mississauga, Ontario ♦ L4W 4V9
 Tel: (905) 624-6241 ♦ Toll Free: 1-888-451-8426 ♦ Fax: (905) 624-8631
 Website: www.tico.ca ♦ e-mail: tico@tico.ca

3 NAME OF NEW OR ADDITIONAL SHAREHOLDER(S)

Note: If the shareholder is a corporation, a *Corporate Shareholder Information Form* must be completed. (for record purposes only)

Name of New Shareholder(s)	Employer	Occupation/Position	No. of shares held	No. of voting shares held

Total number of voting shares issued to date

Enter total number of equity (voting) shares beneficially owned directly or indirectly, by non-residents of Canada or over which non-residents of Canada exercise control or direction.

- a. Is the corporation entitled to offer its shares to the public? Yes No
- b. Are any of the above shares held for a beneficial shareholder? Yes No
If yes, attach full particulars.

4 NAME OF TERMINATING OFFICER(S) DIRECTOR(S) PARTNER(S)

Last Name	First Name	Position Held	Date ceased mm/dd/yyyy

NOTE: Please complete a Form 1 with Service Ontario - Ministry of Government Services . MGS phone number is 1-800-361-3223 or (416) 314-8880 and provide TICO with a copy.

Copy of Board of Directors Resolution must also be submitted with this form along with Copy of government photo identification on all new officers and directors.

Provide criminal record check for each new officer, director, shareholder and designated manager.

5 Particulars of New Officer(s), Director(s), Shareholder(s), Partner(s)

5-1

<input type="checkbox"/> New <input type="checkbox"/> Terminated	Social Insurance Number	First Name	Middle	Last
Effective date mm/dd/yyyy / /	Home address			Position held in company (officer, director, shareholder, manager)
City	Province	Postal Code 	Phone ()	Birth date MM DD Y YYYY / /
				Sex F M
Employment History (Go back 3 years)				From To
Name / Address of Employers		Occupation/Position/ Type of work		mm/dd/yyyy mm/dd/yyyy

5-2

<input type="checkbox"/> New <input type="checkbox"/> Terminated	Social Insurance Number	First Name	Middle	Last
Effective date mm/dd/yyyy / /	Home address			Position held in company (officer, director, shareholder, manager)
City	Province	Postal Code 	Phone ()	Birth date MM DD Y YYYY / /
				Sex F M
Employment History (Go back 3 years)				From To
Name / Address of Employers		Occupation/Position/ Type of work		mm/dd/yyyy mm/dd/yyyy

5-3

<input type="checkbox"/> New <input type="checkbox"/> Terminated	Social Insurance Number	First Name	Middle	Last
Effective date mm/dd/yyyy / /	Home address			Position held in company (officer, director, shareholder, manager)
City	Province	Postal Code 	Phone ()	Birth date MM DD Y YYYY / /
				Sex F M
Employment History (Go back 3 years)				From To
Name / Address of Employers		Occupation/Position/ Type of work		mm/dd/yyyy mm/dd/yyyy

For New Officers/Directors, Shareholders, Partners,

(Questions 6 through 14 to be completed by each person)

6.	Is the applicant a Canadian resident? Yes <input type="checkbox"/> No <input type="checkbox"/> Canadian Resident Status: (Provide proof of citizenship or immigration documents) Canadian Citizen: Yes <input type="checkbox"/> No <input type="checkbox"/> Landed Immigrant: Yes <input type="checkbox"/> No <input type="checkbox"/> Non Resident: Yes <input type="checkbox"/> No <input type="checkbox"/>
7.	Has the “applicant” ever had a registration of any kind refused, suspended, revoked or voluntarily terminated? If yes, attach particulars. Yes <input type="checkbox"/> No <input type="checkbox"/>
8.	Is the applicant engaged, occupied, employed or associated directly or indirectly in any other business occupation or profession? If yes, attach particulars. Yes <input type="checkbox"/> No <input type="checkbox"/>
9.	Is the applicant now or has the applicant been involved in bankruptcy proceedings? If yes, attach assignment or discharge papers. Yes <input type="checkbox"/> No <input type="checkbox"/>
10.	Has the applicant ever been or is he/she now, an officer, director or majority shareholder of a corporation which has been declared bankrupt or is presently a party to bankruptcy proceedings? Notes: 1. Where an applicant is an undischarged bankrupt, submit a copy of the assignment in bankruptcy and a list of creditors 2. Where an applicant is a discharged bankrupt, submit proof of discharge. 3. For corporation bankruptcies, submit any related documents. Yes <input type="checkbox"/> No <input type="checkbox"/>
11.	Are there any unpaid judgements outstanding against the applicant? If yes, submit a copy of each judgement. State amount outstanding and repayment arrangements. Yes <input type="checkbox"/> No <input type="checkbox"/>
12.	Has the applicant ever been found guilty or convicted of an offence under any law or are any charges now pending? This includes where a conditional discharge or an absolute discharge has been ordered. If yes, attach full particulars on a separate signed and dated statement. Note: Where the applicant has been previously registered, list only those convictions, conditional discharges, absolute discharges or charges which have not been previously disclosed. Yes <input type="checkbox"/> No <input type="checkbox"/>
13.	Has the applicant ever been associated with a registrant that has failed and has had claims against the Fund? Yes <input type="checkbox"/> No <input type="checkbox"/>

Notice and Consent

In order to complete or verify the information provided on this form, it may be necessary for the Travel Industry Council of Ontario to collect additional information from, or to exchange information with, government and non-government sources, including **CPIC (Canadian Police Information Centre) and credit checks**. Only information relevant to your registration will be collected.

I consent to the collection of this information as authorized under the *Travel Industry Act, 2002*. I understand that this information will be used to determine whether I am qualified for the registration for which I am applying. I further consent to the sharing of any information gathered in the course of processing this application with others as may be considered necessary in the course of determining whether I am qualified for registration. The registration record, which includes the registrant’s name, registration number, employer’s name, business address and registration dates is part of the public record. I confirm that I am legally entitled to work in Canada.

14 This must be signed by all New Officers/Directors. For Partnership must be signed by all new partners		
Signature of applicant	Signature of applicant	Signature of applicant
Print full name	Print full name	Print full name
Warning – It is an offence to knowingly provide false information on this application.		Date mm/dd/yyyy

TERMS & CONDITIONS OF REGISTRATION

Please review this material carefully. Call the Registrar's office at (905) 624-6241 (toll free 1-888-451-8426) if you have any questions or if clarification is required. Below we have highlighted some of the provisions of the Act and Regulation that you must become familiar with, copies of which can also be downloaded from TICO's website www.tico.ca

Travel Industry Act, 2002

The *Travel Industry Act, 2002* covers a number of important items. **Section 8(2)** establishes that your registration is issued subject to certain terms and conditions. **Section 24(1)** requires you to notify the Registrar of any change in address for service, in officers in the case of a corporation or members of a partnership WITHIN 5 days. **Sections 28 & 29** of the Act outline some of the Registrar's powers with respect to false advertising. **Section 31(3)** sets out applicable penalties for persons and corporations convicted of contravening the Act or Regulation. **Sections 8, 10 and 11** outline other actions that can be taken by the Registrar and your rights regarding these actions.

Ontario Regulation 26/05

- **Section 15** deals with having a qualified supervisor available during business hours.
- **Section 22** requires filing of **financial statements** each fiscal year or more frequently depending upon your sales volume. See this section for details.
- **Section 24** requires that minimum **working capital** levels be maintained based on sales volume.
- **Section 27** sets out the **trust accounting** provisions that your travel agency must put into practice. **Section 29** deals with **records** – accounting records, banking records and written records of all payments that must be kept at the registered premises.
- **Sections 31 to 35** deal with **advertising requirements**.
- **Sections 36 & 37** deal with **disclosure requirements**.
- **Section 38** sets out requirements with respect to **statements, invoices and receipts**.

Form 1 payment as per Payment Schedule set under clause 12(1)(c) of the Safety and Consumer Statutes Administration Act, 1996.

This one page highlight sheet is intended to introduce you to the Act and the Regulation. For correct interpretation and meaning, one must refer to the actual wording in the legislation and not the condensed versions contained here.

You are also required to submit a written notice to the Registrar 10 days prior to closing or terminating your TICO licence.

You must obtain a written approval from the Registrar, Travel Industry Act 2002, before entering into any 'risk contracts' with scheduled or non scheduled air carrier.

We ask that you acknowledge having read this sheet, the Act and the Regulation and that you agree to comply with the TERMS AND CONDITIONS contained therein. PLEASE SIGN THIS PAGE AND SUBMIT IT WITH YOUR APPLICATION. (Must be signed by all officers of a corporation, all partners in a partnership or the proprietor of a sole proprietorship)

ACKNOWLEDGED this _____ day of _____, _____.
Day Month Year

Name of Company

Witness Signature

Applicant Signature

Applicant Signature

Witness Print Name

Applicant Print Name

Applicant Print Name