

## **Key Stakeholder Declaration Form**

A separate declaration form must be completed by the sole proprietor, every partner in a partnership, and by every officer and director for corporate entities.

If needed for additional persons, please duplicate this page.

Name of Applicant / Key Stakeholder		
1. Are you a Canadian resident?	Yes	No
(Provide proof of citizenship or immigration documents)		
Canadian Citizen: Yes No Landed Immigrant: Yes No Work permit: Yes	No	
Legally entitled to work in Canada: Yes No		
Other:		
2. Has the applicant ever had a registration of any kind refused, suspended, revoked or volun	tarily term	inated?
If yes, attach particulars.	Yes	No
3. Is the applicant engaged, occupied, employed or associated directly or indirectly in any other	er	
business occupation or profession? If yes, attach particulars.	Yes	No
4 Is the employeet new or has the employeet hear incohort as involved in Deploymenter. Consum		
4. Is the applicant now or has the applicant been insolvent or involved in Bankruptcy, Consum Proposal or Proposal Proceedings under the Bankruptcy and Insolvency Act?	ler	
If yes, attach discharge papers, assignment or any other related documents.	Yes	No
<ul> <li>5. 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 or Proposal Proceedings under the Bankruptcy and Insolvency Act?</li> <li>Notes: <ul> <li>Where an applicant is an undischarged bankrupt, submit a copy of the assignment</li> </ul> </li> </ul>	Yes	No
<ul><li>in bankruptcy and a list of creditors.</li><li>Where an applicant is a discharged bankrupt, submit proof of discharge.</li></ul>		
<ul> <li>For corporation bankruptcies, submit any related documents.</li> </ul>		
6. Are there any unpaid judgements outstanding against the applicant? If yes, submit a copy o	of each iud	aement
State the amount outstanding and repayment arrangements.	Yes	No
<b>7.</b> Has the applicant ever been found guilty or convicted of an offence under any law or are an pending?	iy charges <b>Yes</b>	now <b>No</b>
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.		
8. Has the applicant ever been associated with a registrant that has failed and has had claims against the Fund?	Yes	No

## **Notice and Consent**

This declaration form must be completed and signed by the sole proprietor, all partners in a partnership, and by all officers and directors for corporate entities, certifying the accuracy and completeness of the information provided.

By signing below, I affirm that all information provided in this declaration form, including attached documents and supplementary materials, is accurate, true, and complete to the best of my knowledge. I understand that any false statements, omissions, or misrepresentations may result in the denial of this application or future revocation of registration, should it be granted. Additionally, I understand that furnishing a false statement in an application to TICO is an offence punishable by a fine and/or imprisonment.

I hereby grant permission to the Travel Industry Council of Ontario (TICO) to verify any information contained in this declaration form and conduct inquiries and/or collect/exchange information with others as may be necessary including but not limited to government sources, non-government sources, CPIC (Canadian Police Information Centre), and credit bureaus/reporting agencies as necessary to determine my eligibility for registration.

I acknowledge that the registration record with TICO, which includes the business name, registration number, business address, and registration date, is part of the public record.

I affirm my commitment to upholding integrity, professionalism, and ethical standards, and I recognize my role in ensuring consumer protection.

Date (MM/DD/YYYY)

Print Name

Signature of applicant

Witness Print Name

Signature of Witness