



## NOTICE OF BUSINESS CHANGE FORM and SCHEDULE A FORM

### CHANGE OF MANAGER/SUPERVISOR

- HEAD OFFICE
- BRANCH OFFICE

Retail Registration #	Wholesale Registration #	Branch Registration #
Name of Registrant		
Address	City	Postal Code
Phone #	Fax #	Email address
Name of Previous Manager – Last Name	First Name	Date of last employment

**NOTE: A Schedule “A” form must be completed and signed by the new manager. Please attach valid government photo identification, a detailed resume and proof of travel industry experience, TICO Education Standard Certificates and Criminal Record Check.**

Name of New Manager – Last Name	First Name	Middle Name
Date of Birth mm/dd/yyyy	S.I.N. Number	Effective date of employment
Residence Address	Phone #	
City	Province	Postal Code

I certify that the information given on this return and in any attached documents is, to the best of my knowledge, true, correct and complete in every respect, and that I am the registrant, or that I am authorized to sign on behalf of the registrant, **WARNING It is a serious offence to provide false information on this form.**

\_\_\_\_\_  
Signature of Registrant or  
Authorized Officer/Director

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date mm/dd/yyyy

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# SCHEDULE "A"

## REQUIREMENTS FOR MANAGER/SUPERVISOR

This schedule is to be fully completed and must accompany the application. It must be sent to the Registrar, *Travel Industry Act, 2002*, whenever a new Manager/Supervisor is appointed. Please keep photocopies of this Schedule for future use.

Name of Travel Agency or Branch (please print)	
Name of Manager/Supervisor (please print)	Social Insurance Number

The Manager/Supervisor must enclose a full description of their travel industry experience. **Attach resume along with letters of reference, records of employment, T4 slips, valid government photo I.D., TICO Education Standards Certificates and criminal record check.**

1. Are you now or have you ever been involved in any way with the operation or closing of a corporation (as an officer, director, shareholder), partnership, sole proprietorship or branch office registered under the *Travel Industry Act, 2002* or the *Travel Industry Act* for which the *Ontario Travel Industry Compensation Fund* has paid claims or has claims pending where full recovery payments or arrangements have not been made?

Yes *If "Yes", please attach full particulars*  No

2. Have you ever been found guilty or convicted of an offence under any law or are there any charges now pending? This includes where a conditional discharge or an absolute discharge has been ordered.

Yes *If "Yes", please attach full particulars*  No

3. Are you now or have you ever been insolvent or involved in Bankruptcy, Consumer Proposal or Proposal Proceedings under the *Bankruptcy and Insolvency Act*? *If Yes, attached discharge papers, assignment or any other related documents.*

Yes  No

4. Have you ever been, or are you now, an officer, director or majority shareholder of a corporation which has been declared bankrupt or is presently the subject of bankruptcy proceedings?

Yes  No

**Notes:** If undischarged bankrupt, submit a copy of the Assignment in Bankruptcy and list of creditors.  
If discharged bankrupt, submit proof of discharge.  
For corporation bankruptcies, submit any related documents

5. Are there any outstanding unpaid judgements against you? *If "Yes", submit a copy of each judgement. State amount outstanding and repayment arrangements.*

Yes  No

## 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 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 date, is part of the public record.

I confirm that I am legally entitled to work in Canada.

I acknowledge and understand my duties as Manager/Supervisor of the registrant. Pursuant to Section 15 of Regulation 26/05 I must be present at the office of the registrant through its hours of operation.

\_\_\_\_\_  
Signature of Manager/Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Full Name

\_\_\_\_\_  
Date of Birth

Residence Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I \_\_\_\_\_, Officer/Director/Owner of the applicant appoint the above-named individual as supervisor/manager of my company.

I understand that such appointment is not effective until the Registrar's approval is received.

\_\_\_\_\_  
Print Name of Owner/President or Director

Signature: \_\_\_\_\_