



Associate Office Application

To become a GICdirect.com Associate, please complete and fax this application to (250) 592-7330.

CONTACT INFORMATION

Firm or Associate Name:		BIN#/SIN#:	
Contact Name & Title:			
Address:			
Is it a business location: Y <input type="checkbox"/> or N <input type="checkbox"/>		Website:	
Phone:		Email:	

BUSINESS INFORMATION

What Financial Services do you provide:			
How long have you been in business:		(min. 5yrs required)	
What is your annual GIC sales volume:		(min. \$3M required)	
Are you an RDBA Member: Y <input type="checkbox"/> or N <input type="checkbox"/>		Do you have E& O Insurance: Y <input type="checkbox"/> or N <input type="checkbox"/>	
What is your Designation:		(min: CFP or equivalent required)	

ADMINISTRATIVE/TECHNOLOGY INFORMATION

Do you have administrative support:			
What is your (your staff) computer skill level: Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/>			
Do you use a manual or online client management system:			
Are you familiar with / have you used VieFUND:			

I hereby certify that I am authorized to sign on behalf of the firm and that the information given above is complete and true. I authorize GICdirect.com to conduct, as its sole discretion, an investigation into our business and to obtain and share information about the firm with others with whom the firm may have dealings as well as any other person as may be permitted or required by law.

Signature	Print Name & Title	Date
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