

Notice of Appeal

Instructions

- 1. Complete this form.
- 2. Attach the decision that you are appealing.
- 3. Attach an \$850 cheque or money order for the appeal fee, to be made payable to the Minister of Finance.
- 4. Submit your completed form, the decision you are appealing, and your fee payment to the FST. (See the end of this form.)

Other Information

- The FST cannot accept e-transfers.
- The FST cannot waive or refund the \$850 fee in whole or in part, even if you win the appeal or if it is withdrawn or settled.
- Unless the legislation says otherwise, a notice of appeal must be filed **within 30 days** of you receiving the decision being appealed. If your appeal will be filed later than 30 days, you must ask the FST to extend the time to file your appeal (see Schedule 1 on last page of this form).

Section 1: Person Filing the Appeal (Appellant)

Last Name (if an individual is appealing)		First Name (if an individual is appealing)	
Pronouns	s (Optional; we're asking because we want to commun	icate with you in a respectfu	way.)
He/I	Him 🗋 She/Her 📋 They/Them 🔲 Other (ple	ease specify):	
Organization Name (if an organization is appealing)			
Address		City	Postal Code
Email		Telephone	
	I understand that the FST will communicate with me, and/or my representative, by email . I will advise the FST if require a different method of contact.		

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Section 2: Appellant's Agent/Representative/Spokesperson (if applicable)

Last Name	First Name			
Pronouns (Optional; we're asking because we want to commun	icate with your representativ	e in a respectful way.)		
🗌 He/Him 🔲 She/Her 🔲 They/Them 🔲 Other (please specify):				
Organization (if applicable)				
		•		
Address	City	Postal Code		
Email	Telephone			

Section 3: Decision to be Appealed (please attach a copy of the decision)

Who made the decision?					
	Insurance Council of British Columbia		Superintendent of Pensions		
	Registrar of Mortgage Brokers		Superintendent of Real Estate		
	Superintendent of Financial Institution	ns 🗌	Other:		
Date of the Decision		When did you receive the decision?			
Name and se	Name and section number of the Act(s) under which the decision or order was made:				
Name and se	Name and section number of the Act providing a right of appeal for the decision.				
	Credit Union Incorporation Act, RSBC 1996, c 82, s 98				
	Financial Institutions Act, RSBC 1996, c 141, s 242				
	Mortgage Brokers Act, RSBC 1996, c 313, s 9				
	Pension Benefits Standards Act, SBC 2012, c 30, s 127				
	Real Estate Development Marketing Act, SBC 2004, c 41, s 37				
	Real Estate Services Act, SBC 2004, c 42	, s 54			
	Other:				
I confirm I have included a copy of the decision I wish to appeal, or, if not, I have included an explanation why I have not done so.					

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Section 4: Specific Handling

Please contact me about special accommodations or handling.

Examples include, but are not limited to:

- I want to temporarily stop the decision while the appeal is underway.
- I need special accommodation.
- I am not comfortable writing in English and I may need to find a translator. (The FST does not provide translation services.)
- I am seeking culturally specific processes or practices.

Section 5: Reason for the Appeal

You may attach more pages here if needed. You will also have a chance to provide more information later in the appeal process, and to reply to other parties' submissions.

Briefly explain why you believe the decision is wrong and/or how the process was unfair. State the reasons why the decision should be changed.

Briefly tell us what result you are seeking from this appeal. What do you want the FST to order at the end of the appeal?

Section 6: Authorization

By signing below or checking the provided box, I confirm the information I have provided is, to the best of my knowledge, accurate and complete. I also understand that:			
•	I (or my representative) must be available to respond to questions from the FST during the life of my appeal, and I (or my representative) must advise the FST, as soon as possible, of any changes to my (or my representative's) contact information;		
•	• my appeal can be dismissed if I fail to respond to questions or directions from the FST within a reasonable timeframe; and		
•	• the FST may disclose the information contained in this form in accordance with its Rules.		
Signa	ture	Date	
	I am checking this box in place of signing this form. This amounts to a legal signature and confirms my acknowledgement and agreement with the requirements outlined in this section.		
	My cheque or money order for \$850 is attached, or, if not, I will have it delivered to the FST offices.		
	A copy of the decision I am appealing is attached		

The fastest way to submit this form is to email it to <u>info@bcfst.ca</u>, along with a copy of the decision you are appealing. After emailing the FST, you must also mail or deliver **three (3) hard copies** of this form and the decision being appealed, as well as the \$850 fee. Alternatively, you may send everything by mail or courier, or deliver it in person. The FST cannot move forward until these are all received.

Physical Address	Mailing Address	Email / Fax
Financial Services Tribunal	Financial Services Tribunal	info@bcfst.ca
4th Floor, 747 Fort Street	PO Box 9425 Stn Prov Govt	
Victoria, BC V8W 3E9	Victoria, BC V8W 9V1	(250) 356-9923

The business hours of the FST are from 8:30 am to 4:30 pm, Monday to Friday, except public holidays. If we receive a document after normal business hours, we will consider it to have been delivered on the next day the FST office is open.

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Schedule 1: Application to Extend the Time to File an Appeal (only complete if applicable)

If you are filing this appeal later than 30 days after being served with the decision being appealed, you **must** apply to the FST to extend the time to file the appeal. **Please explain the reasons why this appeal is being filed late and provide any special circumstances that the FST should consider in making its decision on the extension request.** Use additional pages if required.