

REGARDING BUSINESS REGISTRATION UNDER THE TRAVEL INDUSTRY ACT, 2002-

Section 15 of Ontario Regulation 26/05

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.

| N | Name of Travel Agency or Branch (please print) | |
|----|--|---|
| N | Name of Manager/Supervisor (please print) | Social Insurance Number |
| re | | ll description of their travel industry experience. Attac cords of employment, T4 slips, government photo I.D criminal record check. |
| 1. | corporation (as an officer, director, share registered under the <i>Travel Industry Act</i> , | involved in any way with the operation or closing of eholder), partnership, sole proprietorship or branch offic 2002 or the <i>Travel Industry Act</i> for which the <i>Ontario Trave</i> ims or has claims pending where full recovery payments or |
| | ☐ Yes If "Yes", please attach full p | articulars |
| 2. | | cted of an offence under any law or are there any charge conditional discharge or an absolute discharge has bee |
| | ☐ Yes If "Yes", please attach full p | articulars |
| 3. | Have you ever been involved in Bankrup: <u>Bankruptcy and Insolvency Act</u> ? It documents. | cy, Consumer Proposal or Proposal Proceedings under th Yes, attached discharge papers, assignment or any other relate |
| | ☐ Yes | □ No |
| 4. | | officer, director or majority shareholder of a corporation presently the subject of bankruptcy proceedings? |
| | ☐ Yes | □ No |
| No | If undischarged bankrupt, submit a copy o If discharged bankrupt, submit proof of dis For corporation bankruptcies, submit any i | the Assignment in Bankruptcy and list of creditors. charge. elated documents |
| 5. | Are there any outstanding unpaid judger amount outstanding and repayment arrangement | ents against you? If "Yes", submit a copy of each judgement. States. |
| | ☐ Yes | . □ No Page 1 of 2 |

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. 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.

If you have any questions concerning the collection of information, please contact TICO.

| Signature of Manager/Supervisor | Date |
|---------------------------------|---------------|
| Print Full Name | Date of Birth |
| Residence Address: | |
| | |
| | |
| Phone Number: | |