



Personal Care Assistance Program Vendor Account Change

This form must be completed in full in order to process the account change.

Please send completed forms to Supplier Programs at: BIProviderapp@icbc.com

Ownership or legal business name change requires a new application.

- ☐ Address change
 ☐ Phone number change
 ☐ Email address change
 ☐ GST change
 ☐ DBA name change
☐ Banking information change
 ☐ Change in service area (attach applicable business license if adding service area)
 ☐ Primary contact change
☐ Other _____

Vendor Information

LEGAL NAME OF BUSINESS		REGISTERED BUSINESS NAME (DBA)	
BUSINESS ADDRESS			
PHONE NUMBER	FAX NUMBER	EMAIL ADDRESS	WEBSITE
MAILING ADDRESS (if different than above)			
BC REGISTRAR OF COMPANIES NUMBER		BC REGISTRATION OF BUSINESS NAME (DBA) / SOLE PROPRIETORSHIP / PARTNERSHIP NUMBER	
GST REGISTRATION NUMBER		ICBC VENDOR NUMBER	
PRIMARY CONTACT PERSON		PRIMARY CONTACT EMAIL ADDRESS	PRIMARY CONTACT PHONE NUMBER

Owner/Signing Officer Information

NAME	ADDRESS	DRIVER'S LICENCE NO.	CHECK APPLICABLE
			<input type="checkbox"/> Owner _____ % <input type="checkbox"/> Signing Officer
Signature _____			
			<input type="checkbox"/> Owner _____ % <input type="checkbox"/> Signing Officer
Signature _____			
			<input type="checkbox"/> Owner _____ % <input type="checkbox"/> Signing Officer
Signature _____			

Personal Information on this form is collected by the Insurance Corporation of British Columbia (ICBC) pursuant to section 26 of the *Freedom of Information and Protection of Privacy Act* (BC) and is used for the purpose(s) of processing applicant information. ICBC collects, uses and discloses information in accordance with the *Freedom of Information and Protection of Privacy Act*. Should you have any questions about the collection of information, please contact us by email at biproviderapp@icbc.com.

By signing this form requesting or updating an ICBC Vendor Number, you hereby authorize ICBC to use and disclose your personal information from the following records: all ICBC claims and collections records, and the records of ICBC's Special Investigation Unit to ICBC's Supplier Programs & Administration department, only for the purpose of determining if there are any matters known to ICBC impacting the suitability of the applicant to be an ICBC vendor, and you agree to comply with all terms, requirements, policies and procedures set out in the applicable application forms, Claims Procedures, Performance Standards and corresponding vendor checklists. You acknowledge that all employees have read and understand the terms of [ICBC's Code of Ethics](#).

SUBMITTER NAME/POSITION

SUBMITTER PHONE NUMBER

DATE (ddmmmyyyy)