

## **Letter of Confirmation**

**Date**

Chief Executive Officer and  
Superintendent of Financial Services  
Financial Services Commission of Ontario  
5160 Yonge Street  
Box 85, 17<sup>th</sup> Floor  
Toronto, Ontario M2N 6L9

**Attention: Manager, Licensing Compliance**

**Re: (State the Applicant's Name)**

I **(state your name)** am writing to you on behalf of the applicant **(state the applicant's name)**, in regard to his/her request for education equivalency.

I understand that the request is subject to a rigorous review by the Financial Services Commission of Ontario (FSCO). I confirm the information provided by **(state the applicant's name)** is accurate to the best of my knowledge. I am confident in this assessment based on **(outline your experience with the applicant, how you know the applicant and are in a position to confirm this information)**.

I understand that anyone providing false or misleading information to the Superintendent is guilty of an offence pursuant to section 45 of the Mortgage Brokerages, Lenders and Administrators Act, 2006.

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**(Name and signature)**