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The Public Utilities Board
400 - 330 Portage Ave
Winnipeg, MB R3C 0C4

"APPENDIX I"

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INTERVENER REQUEST FORM

1. Application Re Hearing: To review the maximum allowable charges and fees for payday loans		
2. Name of Requesting Party: C11 A1 Financing & Loans		
3. Address of Requesting Party: 73B Thompson Drive, Thompson, Manitoba R8N 1Z7		
4. Phone Number:	Business: (204) 778-7571	Residence
	Fax Number: (204) 778-7578	E-mail: thompson@a1-financing.com
5. Contact Person(s):		
6. Address: same as above		
7. Phone Number:	Business:	Residence:
	Fax Number:	E-mail:
8. State reasons for the proposed intervention (please be specific).		
<p>We operate a pay day loan business in Thompson, MB and have a direct stake in the proceedings.</p> <p>We have a presentation to make.</p>		

9. State nature of proposed intervention.		
a) Do you intend	Yes	No
(i) to appear throughout the hearing:	YES	
(ii) to participate in the production of evidence:	YES	
(iii) to participate in the testing of evidence:	YES	
(iv) to present final argument:	YES	
b) Do you intend to call witnesses:	Yes	No
		NO
c) If yes to No. 9b), please provide witness':		
(i) Name:		
(ii) Address:		
(iii) Qualifications:		
(iv) Subject of submission (please note date for filing submission):		
10. Will you be applying for costs:	Yes	No
		NO
If yes: Refer to Section 43 of Rules of Practice and Procedure. Provide detailed budget as per the attached Appendix II.		
11. Comments and other information:		
<p>From Tuesday April 12 to Monday April 18 is too long a period of time to be away from the Thompson offices as well as the extended stay in Winnipeg for that time.</p> <p>We will need a date and time to be present at the meetings to do our presentation.</p>		

"APPENDIX II"

INTERVENER BUDGET AND COST SUMMARY SHEET

To be used to prepare a budget for the Intervener Request
Form, Item 10, and to make a claim for an Award of Costs.

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Prepared by:		Date:
Hearing:		
Period Covered:		
Intervener's Name:		
Contact Person or Persons:		
Address:		
Phone Number:	Business:	Residence:
	Fax Number:	E-mail:

See Costs on Page 2.

FEES – to be completed for legal counsel or experts

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				COSTS
PREPARATION:	Hours	Days	Rate	
APPEARANCE:	Hours	Days	Rate	
ARGUMENT & REPLY	Hours	Days	Rate	
FEES TOTAL	Hours	Days		0.00

DISBURSEMENTS

				COSTS
TRAVEL (AUTO)	Kms	Rates		
TRAVEL (OTHER)				
ACCOMMODATION	Nights	Rates		
MEALS	Number			
MISCELLANEOUS	Taxis	Telephone	Supplies	
DISBURSEMENTS TOTAL (Note 1)				0.00

TOTAL FEES AND DISBURSEMENTS (Note 2)	0.00
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- NOTES:**
1. Receipts must be attached for all disbursements.
 2. Must include all applicable taxes.