

In the Matter of the

FINANCIAL INSTITUTIONS ACT, RSBC 1996, c.141
(the “Act”)

and the

INSURANCE COUNCIL OF BRITISH COLUMBIA
 (“Council”)

and

SAJAD DARBISHI
(the “Licensee”)

ORDER

As Council made an intended decision on March 10, 2026, pursuant to sections 231 and 241.1 of the Act; and

As Council, in accordance with section 237 of the Act, provided the Licensee with written reasons and notice of the intended decision dated April 8, 2026; and

As the Licensee has not requested a hearing of Council’s intended decision within the time period provided by the Act;

Under authority of sections 231 and 241.1 of the Act, Council orders that:

- 1) The Licensee is fined \$5,000, to be paid by July 27, 2026;
- 2) The Licensee is required to be supervised by a life and accident and sickness insurance agent, as approved by Council, for a period of two years of active licensing, commencing, at the latest, on May 27, 2026;
- 3) The Licensee is required to complete the following courses, or equivalent courses as acceptable to Council, by July 27, 2026:
 - i. The Council Rules Course for Life and/or Accident & Sickness Insurance Agents;
 - ii. The Compliance Toolkit: Know Your Client and Fact-Finding course, available through Advocis;

- iii. The Compliance Toolkit: Know Your Product and Suitability course, available through Advocis;
- iv. The Compliance Toolkit: Marketing and Communications course, available through Advocis;
- v. The Challenge of Documenting Nothing course, available through Advocis; and
- vi. Making Choices I, II, & III: Ethics and Professional Responsibility in Practice courses, available through Advocis

(collectively, the “Courses”);

- 4) The Licensee is assessed Council’s investigation costs of \$1,725, to be paid by July 27, 2026; and
- 5) A condition is imposed on the Licensee’s life and accident and sickness insurance agent licence that failure to pay the fine and investigation costs in full, complete the Courses, and to obtain a supervisor, as required, by their deadlines, will result in the automatic suspension of the Licensee’s licence, and the Licensee will not be permitted to complete the Licensee’s 2028 annual licence renewal until such time as the Licensee has complied with the conditions listed herein.

This order takes effect on the **27th day of April, 2026**



Janet Sinclair, Executive Director
Insurance Council of British Columbia

INTENDED DECISION

of the

INSURANCE COUNCIL OF BRITISH COLUMBIA

(“Council”)

respecting

SAJAD DARBISHI

(the “Licensee”)

1. Pursuant to section 232 of the *Financial Institutions Act* (the “Act”), Council conducted an investigation to determine whether the Licensee misrepresented and sold an unsuitable insurance product to a client, failed to submit insurance business to his supervisors for review, used sales material that was not approved by his agency, and failed to maintain adequate client notes.
2. On February 6, 2026, as part of Council’s investigation, a Review Committee (the “Committee”) comprised of Council members met via video conference to discuss the investigation. Although the Licensee received advance notice of the February 6, 2026, meeting, he did not attend. An investigation report prepared by Council staff was distributed to the Committee and the Licensee before the meeting, and the Licensee was given an opportunity to make submissions and provide further information. A discussion of the investigation report took place at the meeting.
3. After reviewing the investigation materials and discussing the matter at the February 6, 2026, meeting, the Committee prepared a report for Council that was reviewed by Council at its March 10, 2026, meeting. Council determined that the matter should be disposed of in the manner set out below.

PROCESS

4. Pursuant to section 237 of the Act, Council must provide written notice to the Licensee of the action it intends to take under sections 231 and 241.1 of the Act before taking any such action. The Licensee may then accept Council’s decision or request a formal hearing. This intended decision operates as written notice of the action Council intends to take against the Licensee.

FACTS

5. The Licensee has held a life and accident and sickness insurance agent (“Life Agent”) licence since March 18, 2021, and his licence is currently active.
6. The Licensee also holds a licence in Ontario to sell life insurance.

7. The Licensee has held an authorization to represent an insurance agency (the “Agency”) since March 18, 2021.
8. On July 8, 2024, Council received a Life Agent Reporting Form from an insurer (the “Insurer”). The Insurer had terminated its contract with the Licensee due to issues with misrepresentation, disclosure, trustworthiness and business quality. As part of the Insurer’s submissions to Council, the Insurer provided several documents pertaining to an insurance policy.
9. The Insurer’s decision came after it reviewed the overall quality of the business that the Licensee had submitted over an 18-month period. A review by Council staff found that 20 of the 41 policies (49%) sold by the Licensee between October 2022 and March 2024 were terminated.
10. The Insurer advised Council that in November 2023 it had received a client complaint against the Licensee alleging product misrepresentation. RF (the “Complainant”) was sold a Universal Life Yearly Renewable Term policy with \$150 monthly premiums, effective August 18, 2021 (the “Policy”). The Insurer found that the Licensee had used the term “money” instead of “target premium” and the term “account” instead of “policy”, suggesting that the Complainant had been misinformed. The Insurer concluded that the Policy did not fit the Complainant’s income or risk tolerance. As a result, the Insurer cancelled the Policy on November 14, 2023, and refunded all the premiums to the Complainant.
11. The Licensee was a new Life Agent when he sold the Policy to the Complainant. From March 18, 2021, to October 26, 2021, the Licensee was under the supervision of HG.
12. The Financial Needs Analysis document (the “FNA”) stated that the Complainant’s goals were to build retirement wealth, buy a new home and fund education. The Complainant’s monthly income was \$2,750 and he had monthly expenses of \$2,320. The Complainant would need \$5,000 in case of emergency and had \$4,000 at the time the Policy was sold.
13. The Complainant told the Insurer that the Licensee had confirmed to him that he could withdraw funds from the Policy within two years of issuance without incurring any fees. In his response, the Licensee stated that he had provided a detailed explanation of the Policy to the Complainant and that he did not state that funds could be withdrawn.
14. Based on the Insurer’s findings, the Agency conducted an investigation. According to information provided by the Agency, the Licensee had received \$1,330.12 in commission and was charged back \$61.03 after the Policy was cancelled.
15. On September 22, 2025, the Agency issued a Compliance Warning Letter to the Licensee. The letter outlined reminders concerning client file maintenance, sales communications and supervision. A \$500 fine was deducted from the Licensee’s commission. Furthermore, the Agency noted that the Licensee had been using unapproved sales material. The Licensee acknowledged this and advised that he would only use Agency-approved materials going forward. He explained that he had created the unapproved presentation to make the content more interactive and easier for clients to understand.

16. The Agency provided Council with a copy of the sales material used by the Licensee. In the sales material, the Licensee referred to universal life insurance products as “Wealth Account UL” and compared them to other savings accounts.
17. In the Licensee’s initial response to Council, he stated that he made it clear to the Complainant that funds in the Policy could not “be taken out like a savings account” and that in the Complainant’s situation, it “made sense as a father & married man to have life insurance.” The Licensee stated that although he had recommended a Tax-Free Savings Account (“TFSA”) to the Complainant, the Complainant instructed the Licensee to proceed with the Policy.
18. The Licensee further stated that he and the Complainant had decided that \$322,368 would be a reasonable amount for the Policy because the Complainant could comfortably afford \$150 per month in premiums. The coverage amount was calculated using the Complainant’s annual income, and it was intended to take care of his spouse and child for the next 9 to 10 years based on their current lifestyle.
19. The Licensee stated that he had verbally informed the Complainant that he could not withdraw funds from the Policy until it had built cash value or had matured, which the Licensee stated was mentioned in the client notes; however, the client notes did not reflect this.
20. The Licensee stated that the Complainant reviewed and initialled the Policy documents via Zoom, with the Licensee giving the Complainant control of the Licensee’s computer screen to initial the documents using his keyboard.
21. On November 12, 2024, Council conducted an interview with the Complainant. The Complainant explained that he had met the Licensee at work. He shared his phone number with the Licensee, and the Licensee contacted him and explained the benefits of life insurance. The Licensee had allegedly told him that if he cancelled the Policy before a specific number of years, he would only get his money back and not the profit. When the Complainant lost his job and was struggling, he asked to cancel the Policy. The Licensee told him it was best not to cancel because he would not receive anything, and that the Licensee would keep the Policy until the Complainant could resume payments.
22. On December 23, 2024, Council staff conducted an interview with the Licensee. The Licensee stated that he had discussed other financial products with the Complainant. The Licensee said that the Policy stood out to the Complainant because he had a young child and a non-working spouse. The Licensee recommended a longer-term plan with cash value to the Complainant, believing it was more suitable than a typical term life policy. When questioned about affordability, given the Complainant’s net monthly surplus of \$430 before the monthly insurance premium, the Licensee stated that the Policy was appropriate. He explained that the Complainant had wanted a disciplined way to save while also gaining protection against critical illness, disability and death.
23. The Licensee thought that the Complainant may have misunderstood the policy illustration that cancelling the plan would result in receiving the full “accumulation fund”, rather than the “surrender

value”. He maintained that he had clearly explained the Policy. He denied telling the Complainant that he could get all his money back, excluding the profit, if he cancelled the Policy early. When Council staff pointed out that the reference to using a TFSA appeared in the client’s notes only after the policy had been delivered, the Licensee acknowledged that it was possible he had not documented it appropriately.

24. Regarding supervision, the Licensee said that HG may have been away from the office when he sold the Policy, but that she was aware of the business as he had spoken with her about the Policy three or four times. He said that he had told her about the Policy over the phone and had gone through the FNA with her. He had also sent her photos of the client notes and FNA, and she had responded via text message that it looked fine. However, the Licensee was unable to provide these records.
25. The Licensee acknowledged that nearly half of the 41 Universal Life policies he had sold in BC were cancelled within six months. He attributed the high cancellation rate to working with younger clients who often do not fully grasp the long-term value of insurance and may cancel when faced with short-term financial pressures.
26. On January 29, 2025, Council staff conducted an interview with HG. HG confirmed that she had never reviewed any of the Licensee’s policies and that she had removed the Licensee from her supervision in October 2021 because he was not submitting business and communicating with her. HG stated that she would approach the Licensee in the office and ask whether he needed help or had submitted any business, to which he would reply that he had not.
27. In addition to HG, the Licensee was supervised by RY from October 26, 2021, to August 22, 2022, and RD from August 24, 2022, to September 18, 2023.
28. In total, the Agency confirmed that the Licensee had sold 189 policies as a sole agent during his new Life Agent period, but the investigation determined that only 47 policies (25% of the 189) had been reviewed by his three supervisors. Of the 189 policies sold, the Licensee had sold 60 policies under HG’s supervision, with HG reviewing zero policies; sold 72 policies under RU’s supervision, with RU reviewing 44 policies; and sold 57 policies under RD’s supervision, with RD reviewing three policies.
29. On July 31, 2025, the Licensee provided further submissions regarding his supervision. The Licensee explained that he often did not go to HG because he found communication with her difficult, as she was frequently out of the office. He also said HG did not have enough time to sit down with him for reviews as often as he wanted. When asked how many policies he had reviewed with HG, he said he could not remember.
30. The Licensee stated that he did not think it was true that HG had not reviewed any of his policies. He explained that he would send her pictures of client information; however, he explained that he could not provide evidence of this because it was on an old phone that he no longer had, and that his cloud storage usually erased everything after a year. When asked why it had taken him seven months to switch supervisors from HG to RU, he said it “didn’t really occur” to him because he knew he was

always doing the right thing for the client. He also stated that seeking supervision had not been a priority for him at the time, but that he now understood its importance.

31. When asked why he had only reviewed 44 of the 72 policies with RU, he said he was not sure, but believed it might have been because RU was supervising many new agents at the time. He acknowledged that he had only reviewed three or four policies with RD, although he had sold 57 policies during that time period.

ANALYSIS

32. Council considered the impact of Council's Code of Conduct (the "Code") on the Licensee's conduct, including section 4 ("Good Faith"), section 5 ("Competence"), section 7 ("Usual Practice: Dealing with Clients"), section 8 ("Usual Practice: Dealing with Insurers") and section 10 ("Usual Practice: Dealing with the Public"). Council concluded that the Licensee's conduct amounted to clear breaches of the aforementioned sections of the Code and the professional standards set by the Code. Licensees are required by Council Rule 7(8) to comply with the Code. Additionally, Council determined that the Licensee breached section 177(b) of the Act and Council Rules 7(9) and 7(16.1).
33. Council determined that the Licensee breached his duty of good faith to the Complainant. Council concluded that it is more likely than not that the Licensee took advantage of the Complainant's inexperience with financial products, which was compounded by the fact that the Licensee used misleading terminology to describe the Policy. By making misleading statements in the solicitation of insurance, the Licensee also breached section 177(b) of the Act and the Code's usual practice of dealing with the public principle. Given the evidence, Council found that the Policy was unsuitable for the Complainant and that the Licensee failed to conduct an adequate fact-finding and assessment of the Complainant's insurance needs. The Complainant's FNA did not demonstrate that the Policy was needed or advantageous for the Complainant. Additionally, the Licensee was unable to provide evidence to prove that he had submitted the Policy to HG for review. In this regard, Council had concerns about the Licensee's credibility, given that HG denied reviewing the Licensee's insurance business. Council determined that the Licensee did not act in the Complainant's best interests in selling the Policy, and that he did not adequately consider other insurance products that were more suitable for the Complainant.
34. Similarly, Council concluded that the Licensee did not conduct insurance activities in a competent manner. Council determined that the Licensee's failure to conduct an adequate fact-finding and assessment of the Complainant's insurance needs reflected poorly on his competence. Further, Council found that the Licensee failed to maintain adequate client records, including documenting his communications with the Complainant regarding the withdrawal of funds from the Policy and the consequences of cancelling the Policy. Council found this failure to be a breach of Council Rule 7(9). Council questioned the level of discussion the Licensee had with the Complainant regarding alternative financial products before the Policy was placed. Also, by using misleading terminology in the sales presentation and not actively submitting insurance business to his supervisors for review, the Licensee did not act in a manner consistent with the usual practice of the business of insurance.

Overall, Council concluded that the Licensee's conduct demonstrated a lack of sufficient expertise, training or experience.

35. For similar reasons, Council determined that the Licensee breached the usual practice of dealing with clients principle. By failing to disclose all material information about the Policy and by failing to evaluate the client's needs, the Licensee did not act with integrity, competence and good faith towards the Complainant. Council questioned whether the Licensee was intentionally prioritizing insurance sales over the Complainant's interests. Similarly, Council concluded that the Licensee breached the usual practice of dealing with insurers principle when he failed to represent the Insurer's products fairly and accurately. Council was troubled by the Licensee's use of the word "account" to describe an insurance policy. The Licensee also failed to provide full and accurate information about the Complainant's insurance needs to the Insurer.
36. Council found that the Licensee had breached Council Rule 7(16.1). During his new Life Agent period, the Licensee had only submitted 47 out of 189 (25%) of his insurance policies to his supervisors for review, meaning that 75% of the insurance policies sold by the Licensee had not been submitted for review. Council found this amounted to conducting insurance activities as a new Life Agent without supervision.

PRECEDENTS

37. Before making its decision in this matter, Council took into consideration the following precedent cases. While Council is not bound by precedent and each matter is decided on its own facts and merits, Council found that these decisions were instructive in providing a range of sanctions for similar types of misconduct.
38. [Pargat Singh Brar](#) (November 2025): concerned a former Life Agent licensee who sold insurance policies to clients that were unsuitable for their needs, failed to perform proper needs analyses, failed to maintain adequate records, and failed to submit insurance business to his supervisor for review. While licensed, the former licensee had only submitted 14 out of 70 insurance policies to his supervisor for review. Council found this amounted to conducting insurance activities as a new life agent without supervision. Council considered that the former licensee was new to the insurance industry at the time of misconduct and that he was likely not receiving significant training or support from his agency as mitigating factors. Council ordered that the former licensee be fined \$2,500, be required to be supervised for two years should he be licensed in the future, and be required to complete the Council Rules Course, a fact-finding course, a product suitability course, a marketing and communications course, a documentation course and an ethics course. The former licensee was also assessed investigation costs.
39. [Mengyuan \(Mia\) Li](#) (August 2025): concerned a new Life Agent licensee who provided false employment and income information on a client's policy application and used a logo from an insurer in her presentation materials that she was not authorized to use. The licensee also failed to keep proper documentation of client meetings and failed to document product comparisons from different

insurance providers. Further, the licensee breached client confidentiality by creating a fundraising website on behalf of a client. Council found that the unauthorized use of an insurer's logo could potentially mislead clients to believe that the representations the licensee made were on behalf of the insurer. In addition, Council noted the licensee's illustrations contained an inaccurate cash value, which could mislead clients. Council considered the licensee's limited experience in the insurance industry as a mitigating factor. Council ordered that the licensee be required to take the Council Rules Course, an ethics course and a documentation course. The licensee was also assessed investigation costs.

40. [Liza Tanigue Gatasi](#) (July 2024): concerned a former Life Agent licensee who did not take sufficient care to ensure a client understood material details about an insurance policy the former licensee sold them, and that the former licensee had facilitated the cancellation of an existing life insurance policy, contrary to the best interests of the client. The former licensee had sold an insurance policy to a client that covered the client's spouse, rather than the client. Council did not believe that the former licensee set out to mislead the client in any way, but rather that the former licensee should have taken greater care to make sure that the client understood the product. Additionally, Council found that there was an overall record-keeping failure by the former licensee, as communications with and instructions from the client were not adequately documented. Council also found that the former licensee's fact-finding and evaluation of the client's needs was lacking in diligence, and Council was concerned that the former licensee did not take sufficient action to confirm whether the client could afford the product the former licensee sold to them. Council ordered that the former licensee be supervised for two years should she be licensed in the future, and be required to take the Council Rules Course, an ethics course, a fact-finding course, a product suitability course and a documentation course. The former licensee was also assessed investigation costs.
41. [Ann-Mariel Krisine Ariola](#) (January 2024): concerned a new Life Agent licensee who sold unsuitable policies to clients, breached client confidentiality by sharing client information with her spouse, and engaged in a conflict of interest by lending funds to a client. The licensee also failed to submit several insurance policy applications to her supervisor for review. Council found that the licensee did not prioritize the interests of the clients and failed to conduct an adequate fact-finding and assessment of their needs. The licensee also failed to make reasonable inquiries into the risk and affordability of the policies. Overall, Council determined that the licensee's misconduct was a result of inexperience in the insurance industry and a lack of training. Council ordered that the licensee be supervised for two years and be required to take the Council Rules Course, a product suitability course and a privacy course. The licensee was also assessed investigation costs.
42. [Sherlock Hsu](#) (September 2023): concerned a Life Agent licensee who submitted insurance applications without a client's full understanding and failed to maintain proper record-keeping in order to ensure mutual understanding. The licensee had recommended a leveraged investment strategy to the client. Council questioned whether the leveraged investment was suitable for the client in the circumstances. The licensee's failure to maintain proper books and records raised questions about his competence, as he could not demonstrate that a proper needs analysis was conducted or that proper explanations were provided so that the client could make an informed decision. Council also noted that the licensee signed as a witness to the client's signature on an

application when he had not actually witnessed the signature. Council ordered that the licensee be supervised for two years and be required to take the Council Rules Course, a fact-finding course and a product suitability course. The licensee was also fined \$2,000 and assessed investigation costs.

43. Council considered *Brar* instructive as the facts were similar to the current case. However, Council noted that the licensee in *Brar* had fewer policies that were not reviewed by his supervisor compared to the current case. Additionally, Council found *Li* instructive regarding the allegation of using materials not authorized by an agency.

MITIGATING AND AGGRAVATING FACTORS

44. Council considered relevant mitigating and aggravating factors. In terms of aggravating factors, Council noted that the Licensee failed to submit 75% of his insurance business to his supervisors for review during the new Life Agent period, which spanned 2.5 years. Council concluded that this showed a flagrant disregard for Council's requirement on supervision. Council did not find evidence that the Licensee has made material changes or improvements to his insurance practice, and given this, it believed that the Licensee is likely to repeat his misconduct. Given the absence of rehabilitation, Council concluded that there is a risk of harm to the public in the conduct of the business of insurance. Council also considered that the Licensee earned commission on the Policy, while the Complainant was financially harmed by purchasing the Policy.
45. Council accepted as mitigating factors that the Licensee was a relatively new Life Agent at the time of the misconduct, having been licensed for approximately five months when the Policy was sold to the Complainant. Council believed that the Licensee was likely not receiving significant training or support from the Agency. Further, Council acknowledged that the Licensee had been fined by the Agency and had his contract terminated by the Insurer.
46. In all, Council determined that the aggravating factors outweighed the mitigating factors.

CONCLUSIONS

47. After weighing all of the relevant considerations, Council considers a two-year supervision period for the Licensee to be appropriate. Council believes that a Council-approved supervisor would provide consistent oversight to ensure that the Licensee's practices are aligned with current standards.
48. Council has determined that the Licensee be fined \$5,000. While Council understands that this amount is double that of *Brar*, Council notes that the magnitude of the misconduct in the current case was more egregious; for example, there was a higher number of policies in the current case that were not reviewed by supervisors, which could have resulted in potential harm to clients. Council also found that, as opposed to *Brar*, the aggravating factors in this case outweighed the mitigating factors. While Council acknowledges that the Licensee has been fined by the Agency, Council concludes that

its recommended fine is necessary to communicate a message to the Licensee and industry that the misconduct at issue cannot be tolerated.

49. Further, Council has determined that the Licensee be required to complete courses on Council Rules, ethics, marketing and communications, file documentation, fact-finding and product suitability.
50. Council has determined that investigation costs should be assessed against the Licensee. As a self-funded regulatory body, Council looks to licensees who have engaged in misconduct to bear the costs of their disciplinary proceedings, so that those costs are not otherwise borne by British Columbia's licensees in general. Council has not identified any reason for not applying this principle in the circumstances.

INTENDED DECISION

51. Pursuant to sections 231 and 241.1 of the Act, Council made an intended decision that:
 - a. The Licensee be fined \$5,000, to be paid within 90 days of Council's order;
 - b. The Licensee be required to be supervised by a life and accident and sickness insurance agent, as approved by Council, for a period of two years of active licensing commencing, at the latest, one month after the date of Council's order;
 - c. The Licensee be required to complete the following courses, or equivalent courses as acceptable to Council, within 90 days of Council's order:
 - i. The Council Rules Course for Life and/or Accident & Sickness Insurance Agents;
 - ii. The Compliance Toolkit: Know Your Client and Fact-Finding course available through Advocis;
 - iii. The Compliance Toolkit: Know Your Product and Suitability course available through Advocis;
 - iv. The Compliance Toolkit: Marketing and Communications course available through Advocis;
 - v. The Challenge of Documenting Nothing course available through Advocis; and
 - vi. Making Choices I, II, & III: Ethics and Professional Responsibility in Practice courses available through Advocis

(collectively, the “Courses”);

- d. The Licensee be assessed Council’s investigation costs of \$1,725, to be paid within 90 days of Council’s order; and
 - e. A condition be imposed on the Licensee’s life and accident and sickness insurance agent licence that failure to pay the fine and investigation costs in full, complete the Courses, and to obtain a supervisor, as required, by their deadlines, will result in the automatic suspension of the Licensee’s licence, and the Licensee will not be permitted to complete the Licensee’s 2028 annual licence renewal until such time as the Licensee has complied with the conditions listed herein.
52. Subject to the Licensee’s right to request a hearing before Council pursuant to section 237 of the Act, the intended decision will take effect after the expiry of the hearing period.

ADDITIONAL INFORMATION REGARDING FINES/COSTS

53. Council may take action or seek legal remedies against the Licensee to collect outstanding fines and/or costs, should these not be paid by the 90-day deadline.

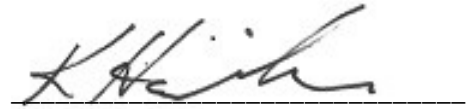
RIGHT TO A HEARING

54. If the Licensee wishes to dispute Council’s findings or its intended decision, the Licensee may have legal representation and present a case in a hearing before Council. Pursuant to section 237(3) of the Act, to require Council to hold a hearing, the Licensee **must give notice to Council by delivering to its office written notice of this intention within fourteen (14) days of receiving this intended decision**. A hearing will then be scheduled for a date within a reasonable period of time from receipt of the notice. Please direct written notice to the attention of the Executive Director. **If the Licensee does not request a hearing within 14 days of receiving this intended decision, the intended decision of Council will take effect.**
55. Even if this decision is accepted by the Licensee, pursuant to section 242(3) of the Act, the British Columbia Financial Services Authority (“BCFSA”) still has a right of appeal to the Financial Services Tribunal (“FST”). The BCFSA has thirty (30) days to file a Notice of Appeal once Council’s decision takes effect. For more information respecting appeals to the FST, please visit their website at www.bcfst.ca or visit the guide to appeals published on their website at [guidelines.pdf](#).

Intended Decision
Sajad Darbishi
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Dated in Vancouver, British Columbia, on the **8th day of April 2026.**

For the Insurance Council of British Columbia

A handwritten signature in black ink, appearing to read 'Janet Sinclair', is written above a solid horizontal line.

Per Janet Sinclair
Executive Director