

This Appendix must be completed for each director (or partner), officer, employee with money-services functions, and person who owns or controls the business.

Part 1 – General information

Name of business applying for licence

Part 2 – Identification and contact information of natural person related to the business

2.1. Identification

Mr. Ms.

Last names

First names

Date of birth

2.2. Home address

Civic No.	Street	Suite/Apt./Unit	
City/Municipality		Province/State	Postal code
Personal telephone: () _____ - _____		E-mail	

2.3. Business address

Civic No.	Street	Suite/Apt./Unit	
City/Municipality		Province/State	Postal code
Business telephone: () _____ - _____			

Part 3 – Disclosure of functions

3.1. Functions

Tick all your functions at the business.

- Person who owns or controls the business

Please provide details about ownership or control (number of shares, percentage of voting rights, etc.)

- Director (or Partner)

If you are a director and you have specific functions on the board of directors, please provide details (chair, vice-chair, secretary, treasurer, etc.)

- Officer
(person with day-to-day decision-making role in the key activities of the business)

- Employee with money-services functions

- Person responsible for keeping ATM supplied with cash

3.2. Description of functions

Tick all your tasks at the business.

If you do not have any of the tasks below, go to Part 4 – Statement

- Keep an ATM supplied with cash
- Have access to the content and functions of an ATM
- Participate in accounting activities or administrative tasks
- Help prepare the records and registers prescribed by the Act and the related Regulations

For employees, describe all your other tasks at the business.

Part 4 – Statement

4.1. General statement

Mandatory for any person completing this appendix

1. Have you been convicted of a penal or criminal offence **outside Québec**? Yes No

4.2. Statement of director (or partner), officer or person who owns or controls the business

Mandatory for any person completing this appendix and who has any of the above functions

1. Are you under tutorship, curatorship or advisership? Yes No

2. Were you a director (or partner) or officer of a money-services business or did you directly or indirectly own or control a money-services business:

- in the 12 months preceding its bankruptcy? Yes No
- that had its right to operate refused, revoked, suspended or made subject to conditions or restrictions by a **Canadian or foreign** money-services regulator? Yes No
- in the 12 months preceding the cessation of its activities? Yes No

Part 5 – Details of offences

If you answered **YES** to any of the previous questions, please give details about the offence or the reasons resulting in the suspension or revocation of the business's right to operate (court file number, causes and circumstances of events regarding the offence, date of offence, decision, etc.).

Collection and use of personal information

The personal information in this Appendix as well as that provided by the money-services business is being collected on behalf of the *Autorité des marchés financiers* (the “AMF”) pursuant to the *Money-Services Businesses Act*, CQLR, c. E-12.000001 (the “MSBA”), and its regulations, and is confidential under *An Act respecting access to documents held by public bodies and the protection of personal information*, CQLR, c. A-2.1 (the “Access Act”). This information is necessary for the purposes of the MSBA and its regulations.

Only authorized AMF staff may access this information as required in the performance of their duties. An individual may access his personal information held by the AMF and have it corrected, in accordance with the Access Act.

Signature

I declare that I have read and understood the questions and statements set out in this Appendix.

I declare that all the information in this Appendix is true and complete.

I agree that my name, date of birth and home address may be made available to all money-services businesses with which I have a business relationship referred to in section 6 of the MSBA.

I acknowledge that, pursuant to the MSBA, the AMF will provide the *Sûreté du Québec* with any information concerning me that is required to issue a security clearance report. This report states whether or not I have previous convictions and am of good moral character.

I agree that the AMF may communicate the conclusions of the above-mentioned security clearance report to the money-services business or its respondent for the purposes of issuing or maintaining a licence.

I acknowledge that, if permitted under the MSBA, a request for a new or updated security clearance report may be made from time to time.

I understand that any false or misleading statement, including the concealment of any meaningful fact, constitutes an offence under section 66 of the MSBA.

Signature of natural person related to the business

Date

Document to attach

I am attaching to this Appendix:

- A copy of a valid piece of photo ID