

This Appendix must be completed for each legal person (entity) who is a partner or who owns or controls the business.

**Part 1 – General information**

\_\_\_\_\_  
Name of business applying for licence

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

**2.1. Identification**

\_\_\_\_\_  
Name of legal person related to the business

**2.2. Québec enterprise number (NEQ)**

Indicate the Québec enterprise number assigned by the *Registraire des entreprises du Québec* (REQ) to the legal person related to the business:

NEQ (10 digits): 

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**2.3. Head office address**

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

### Part 3 – Disclosure of functions

Tick all of the legal person's functions at the business.

- Person who owns or controls the business

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

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- Partner

Please specify the type of partner (limited partner or general partner)

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### Part 4 – Statement

1. Has the legal person been convicted of a penal or criminal offence **outside Québec**?  Yes  No
2. Was the legal person a partner of a money-services business or did the legal person 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 or 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.).

## 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 acknowledge that, pursuant to the *Money-Services Businesses Act* (the “MSBA”), the *Autorité des marchés financiers* (the “AMF”) will provide the *Sûreté du Québec* with any information concerning the business that is required to issue a security clearance report. This report states whether or not the business has previous convictions and is 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 could be made from time to time.

\_\_\_\_\_  
Name of authorized signatory

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date