

This Appendix must be completed for each mandatary (natural person) of the business.

Part 1 – General information

Name of business applying for licence

Part 2 – Identification and contact information of mandatary (natural person)

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 Mandatary's branch

Disclose at least one branch address for each mandatary.
For each additional branch, please photocopy this appendix.

Tick this box if the mandatary operates only from the home address indicated in section 2.2.

Civic No.	Street	Suite/Apt./Unit	
City/Municipality		Province	Postal code
Telephone: () _____ - _____		Fax: () _____ - _____	

Part 3 – Statement

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

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.

Signature of mandatary

Date

Document to attach

I am attaching to this Appendix:

- A copy of a valid piece of photo ID