

This Appendix must be completed for each mandatary (legal person).

## Part 1 – General information

Name of business applying for licence

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

### 2.1. Identification

Name of mandatary (legal person)

### 2.2. Québec enterprise number (NEQ)

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

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)	

### 2.4. Mandatary's branch

For each mandatary (legal person), disclose all branches where money services are offered.  
For each additional branch, please photocopy this appendix.

**Tick this box if the mandatary operates only from the home address indicated in section 2.3.**

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

### 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.

**Money-Services Business**  
**APPENDIX D-2: STATEMENT OF MANDATARY  
(LEGAL PERSON)**

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.

\_\_\_\_\_  
Name of authorized signatory of mandatary (legal person)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Document to attach**

I am attaching to this Appendix:

- Appendix D-3 completed for each officer responsible for money services offered by this mandatary.