

This Appendix must be completed for each officer and director (or partner) of a lender of the business.

## Part 1 – General information

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

\_\_\_\_\_  
Name of lender (legal person)

## Part 2 – Identification and contact information of officer, director or partner of lender

### 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	

### Part 3 – Disclosure of functions

Tick all your functions at the business:

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

### Part 4 – Statement

1. Have you been convicted of a criminal offence **outside Québec**?  Yes  No
2. Have you been convicted of an indictable offence under a fiscal law in the last 10 years?  Yes  No
3. Have you been convicted of an indictable offence under sections 467.11 to 467.13 of the Criminal Code in the last 10 years?  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.

**Money-Services Business  
ATM Operator**

**APPENDIX E-3: STATEMENT OF OFFICER,  
DIRECTOR OR PARTNER OF A LENDER (LEGAL  
PERSON)**

**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.

\_\_\_\_\_  
Signature of authorized signatory of lender (legal person)

\_\_\_\_\_  
Date

**Document to attach**

I am attaching to this appendix:

- A copy of a valid piece of photo ID