

Who must complete this form?

This form must be completed by the respondent of any business that wishes to make changes to the information about its head office or mailing address. It must be sent within 15 days following the end of the month in which the changes occurred.

For questions regarding this form, please contact the Information Centre of the *Autorité des marchés financiers* ("AMF") at 1-877-525-0337.

Part 1 – Identification of business

1.1. AMF client number

Indicate your client number (10 digits):

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1.2. Name of business

Part 2 – New Address

2.1. New Address (A post office box is not an acceptable address for head office)

Head office Mailing

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

Signature

Name of respondent

Signature

Date