

Who must complete this form?

This form must be completed by the respondent of any business that wishes to make changes to information about the ATMs it operates.

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

Part 1 – General information

1.1. AMF client number

Indicate your client number (10 digits):

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1.2. Name of business

Indicate the name of the business as it appears in the *Identification de l'entreprise* section in the registration documents filed with the *Registraire des entreprises du Québec* (REQ). If you are an unregistered sole proprietorship, indicate your last and first names.

Part 2 – Changes to be made about ATM

2.1. Change ATM address or removed ATM

Do you wish to change the address of an ATM or remove an ATM you operate? Yes No

If you answered YES, please indicate the ATM's sticker and serial numbers. Please also complete an Appendix H for each ATM (not for ATMs to be removed).

Please photocopy this page if you need more space.

	Sticker number	Serial number of ATM	What do you want to do?	
			Change address	Remove ATM
1-				
2-				
3-				

ATM Operator
APPLICATION TO CHANGE ATM INFORMATION

2.2. Replace an ATM

Do you wish to replace a previously disclosed ATM that is out of use, defective, etc.? Yes No

If you answered YES, please indicate the ATM's sticker and serial numbers. Also provide the serial numbers of the new ATMs and complete an Appendix H for each one.

Please photocopy this page if you need more space.

	Sticker number	Serial number of former ATM	Serial number of replacement ATM
1-			
2-			
3-			

2.3. Add an ATM

Do you wish to add ATMs to your file? Yes No

If you answered YES, please complete an Appendix H for each ATM to be added.

Signature

Name of respondent

Signature

Date

Document to attach

I am attaching to this application:

Appendix H for each change indicated above (except for ATMs to be removed).

This Appendix must be completed for each ATM operated by the business.

Part 1 – General information

Name of business applying for licence _____

Part 2 – Identification and location of ATM

2.1. Information about ATM

Serial number: _____

Make (Brand name): _____

Model: _____

Maximum amount the ATM can contain: \$ _____

2.2. Mobility

- Fixed Mobile → At this location until: _____
year/month/day

2.3. Type of location

- Bar Shopping centre Convenience store/Service station
 Grocery store Festival/Trade fair/Exhibition Restaurant
 Other (please specify): _____

Location details, if needed (name of festival, location in shopping centre, etc.) _____

2.1. Address of ATM

Civic No.	Street	Suite/Apt./Unit	
City/Municipality		Province/State	Postal code

Part 3 – Leased commercial space

3.1. Commercial space where ATM is operated

Is the ATM located in an **establishment other than** your business?

- Yes (Complete section 3.2 - Identification of lessor)
- No (Go to Part 4 - Keeping ATM supplied with cash)

3.2. Identification of lessor

Name/Business name of lessor: _____

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

Part 4 – Keeping ATM supplied with cash

Identify all persons responsible for keeping the ATM supplied with cash.

4.1. Natural persons

All natural persons below must have completed an Appendix A.

Last names	First names
Last names	First names
Last names	First names

4.2 Legal person

This section is only for businesses with a valid licence issued by the *Bureau de la sécurité privée*.

Name of business responsible for keeping ATM supplied with cash: _____

Indicate the Québec business number (NEQ) assigned by the REQ to the legal person responsible for keeping your ATM supplied with cash.

NEQ (10 digits):

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Civic No.	Street	Suite/Apt./Unit
City/Municipality		Province/State
		Postal code