

Who must complete this form?

This form must be completed for any person or entity operating an automated teller machine (ATM) for remuneration.

For questions regarding this form, please contact the AMF Information Centre at 1-877-525-0337.

Part 1 - Identification and contact information of business

1.1. Québec enterprise number (NEQ)

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

NEQ (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 REQ. If you are an unregistered sole proprietorship, indicate your last and first names.

1.3. Doing business as

In connection with the offer of money services, indicate all names used by the business in Québec (other than the name indicated in section 1.2. above) listed in the section *Autres noms utilisés au Québec* in the registration documents filed with the REQ.

1.4. Description of business activities

1.5. Location of business

Does the business have its head office or establishments in Québec?

Yes No

1.6. Head office address

A post office box is not an acceptable address.

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

1.7. Mailing address

NOTE: All correspondence about this licence application will be sent to this address.

Tick if same as head office address. Otherwise, please indicate:

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

1.8. Ownership or control of business

Identify all persons who have ownership or control of the business and the percentages of the units or shares held by each person.

1 -		
2 -		
3 -		
4 -		
5 -		
6 -		
7 -		
	Total	100%

Does the business have a parent company or subsidiaries? Yes No

If you answered YES, list them below:

If applicable, also provide your parent company's subsidiaries. You can provide this information in an organizational chart.

Part 2 – Statement of business

1. Has the money-services business been convicted of a penal or criminal offence **outside Québec**? Yes No
2. Has the money-services business had its right to operate refused, revoked or suspended or made subject to conditions or restrictions by a **Canadian or foreign** money-services regulator in the last 10 years? Yes No

If you answered YES to any of the previous questions, please give details about the offence or the reasons resulting in the suspension or revocation of the business's right to operate (court file number, causes and circumstances of events regarding the offence, date of offence, decision, etc.).

Signature

I declare that all the information in Parts 1 and 2 of this form is true and complete.

I acknowledge that, pursuant to the *Money-Services Businesses Act*, CQLR, c. E-12.000001 (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.

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.

I understand that any false or misleading statement, including the concealment of any useful fact, constitutes an offence under section 66 of the MSBA.

Name of authorized signatory of
money-services business

Signature

Date

Part 3 – Identification of respondent

Under section 5 of the MSBA, the respondent acts as correspondent with the AMF. The respondent's responsibilities include filing the licence application with the AMF. The respondent must be domiciled in Québec or have a place of business **or** a place of work in Québec.

A. Business in Québec–The respondent must be a director, officer or partner of the business.

B. Business outside Québec–The respondent of a business that does not have its head office or any establishment in Québec is not required to be a director, officer or partner of the business, but must be able to properly exercise a respondent's functions with the AMF.

3.1. Identification of respondent

Mr. Ms.

Last names

First names

Date of birth

3.2. Respondent's functions

Indicate the respondent's function(s) at the business:

Director (or Partner)

Officer
(person with day-to-day decision-making role in the business's key activities)

Other: _____

The designated respondent must fill out *Appendix A : Statement of natural person related to the business*



Documents to attach

I am attaching to this application:

- Appendix A duly completed by the appointed respondent, including a copy of a valid piece of photo ID of the respondent
- An official document confirming the appointment of the respondent
Templates are available at the end of this form for your use.

Where to send the form

Please mail this form to:

Autorité des marchés financiers

Direction des contrats publics et des entreprises de services monétaires

Place de la Cité, tour Cominar
2640, boul. Laurier, bureau 400
Québec (Québec) G1V 5C1

Please keep a copy of all documents sent to the AMF.

This Appendix must be completed by the respondent of the business applying for a licence

Part 1 – General information

Name of business applying for licence

Part 2 – Identification and contact information of the respondent

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. Business address

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

Part 3 – Disclosure of functions

3.1. Functions

Tick all your functions at the business.

- Person who owns or controls the business

Please provide details about ownership or control (number of shares, percentage of voting rights, etc.)

- Director (or Partner)

If you are a director and you have specific functions on the board of directors, please provide details (chair, vice-chair, secretary, treasurer, etc.)

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

- Employee with money-services functions

- Person responsible for keeping ATM supplied with cash

3.2. Description of functions

Tick all your tasks at the business.

If you do not have any of the tasks below, go to Part 4 – Statement

- Keep an ATM supplied with cash
- Have access to the content and functions of an ATM
- Participate in accounting activities or administrative tasks
- Help prepare the records and registers prescribed by the Act and the related Regulations

For employees, describe all your other tasks at the business.

Part 4 – Statement

1. Have you been convicted of a penal or criminal offence **outside Québec**? Yes No
2. Are you under tutorship, curatorship or advisership? Yes No
3. Were you a director (or partner) or officer of a money-services business or did you directly or indirectly own or control a money-services business:
- in the 12 months preceding its bankruptcy? Yes No
 - that had its right to operate refused, revoked, suspended or made subject to conditions or restrictions by a **Canadian or foreign** money-services regulator? Yes No
 - in the 12 months preceding the cessation of its activities? Yes No

Part 5 – Details of offences

If you answered **YES** to any of the previous questions, please give details about the offence or the reasons resulting in the suspension or revocation of the business's right to operate (court file number, causes and circumstances of events regarding the offence, date of offence, decision, etc.).

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.

I understand that any false or misleading statement, including the concealment of any meaningful fact, constitutes an offence under section 66 of the MSBA.

Signature of natural person related to the business

Date

Document to attach

I am attaching to this Appendix:

- A copy of a valid piece of photo ID

Resolution confirming appointment of respondent FOR CORPORATIONS AND NON-PROFIT ORGANIZATIONS

Resolution of the board of directors of _____, confirming the
(Name of entity)
appointment of a respondent with the **Autorité des marchés financiers (money-services business)**.

Be it resolved that _____ be appointed respondent with the
(Name and title of person)
Autorité des marchés financiers in connection with _____ money-services
(Name of entity)
licence application.

In witness whereof, all directors have signed

Name in block letters
Director 1

Signature
Director 1

Date

Name in block letters
Director 2

Signature
Director 2

Date

Name in block letters
Director 3

Signature
Director 3

Date

Name in block letters
Director 4

Signature
Director 4

Date

Name in block letters
Director 5

Signature
Director 5

Date

**Attach additional page if Board of director has more than 5 members*

**Resolution confirming appointment of respondent
FOR SOLE PROPRIETORSHIPS AND PARTNERSHIPS**

(Name of entity)

hereby appoints Mr. / Ms. _____

(Name and title of person)

as respondent with the *Autorité des marchés financiers* in connection with the money-services business licence application.

Last and first names

Signature

Date