

## 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 disclosed natural or legal persons that are related to the business.

This form 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

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.

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**Part 2 – Changes to be made about natural or legal persons**

**2.1. Remove natural or legal person**

Do you wish to remove natural or legal persons previously disclosed?  Yes  No

**If you answered YES, please indicate the names of the natural or legal persons to be removed and the corresponding business relationships.**

**Please photocopy this page if you need more space.**

Name of natural or legal person	Business relationship
1-	
2-	
3-	

**2.2. Change information about natural or legal person**

Do you wish to change information about natural or legal persons previously disclosed (address, telephone number, NEQ, etc.)?  Yes  No

**If you answered YES, please indicate the names of the natural or legal persons and complete the appropriate appendix for each one based on their titles.**

**Please photocopy this page if you need more space.**

1-
2-
3-

**Money-Services Business  
ATM Operator**

**APPLICATION TO CHANGE INFORMATION ABOUT  
NATURAL OR LEGAL PERSONS**

**2.3. Add natural or legal person**

Do you wish to add natural or legal persons to your file?

Yes  No

If you answered **YES**, please indicate the names of the natural or legal persons and complete the appropriate appendix for each one based on their titles.

Please photocopy this page if you need more space.

1-

2-

3-

**Signature**

\_\_\_\_\_  
Name of respondent

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Documents to attach for any natural or legal person to be added**

I am attaching to this application:

- The appropriate appendix for each **natural or legal person referred to in sections 2.2 and 2.3.**

A list of the appendices to be attached is provided below.

### List of appendices to attach

Please attach the appropriate appendix for each natural or legal person referred to in sections 2.2. and 2.3 of this form.

<b>Add a/an...</b>	<b>Appendix to complete</b>
Branch manager Director Employee with money-services functions Employee without money-services functions Officer of the money-services business Partner (natural person) Person responsible for keeping ATM supplied with cash (natural person) Person who owns or controls the business (natural person)	Appendix A
Director (legal person) Person who owns or controls the business (legal person)	Appendix B-2
Mandatarly (natural person)	Appendix D-1
Mandatarly (legal person)	Appendix D-2
Mandatarly's officer (legal person)	Appendix D-3
Lender (natural person)	Appendix E-1
Lender (legal person)	Appendix E-2
Lender's officers, directors or partners	Appendix E-3
Person responsible for keeping ATM supplied with cash (legal person)	None