

Who must complete this form?

This form must be completed by the new respondent of any business that has submitted an application for a money-services business or ATM licence.

This form must be sent within 15 days of the end of the month in which the change 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 and contact information of business

1.1. AMF client number

Indicate your client number (10 digits):

--	--	--	--	--	--	--	--	--	--

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.

1.3. Mailing address

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

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

Part 2 – Identification and contact information of new respondent

Under section 5 of the *Money-Services Businesses Act*, 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.

2.1. Identification of respondent

Mr. Ms.

Last names	First names	Date of birth
------------	-------------	---------------

2.2. Respondent's home address

Civic No.	Street	Suite/Apt./Unit	
City/Municipality		Province	Code postal
Personal telephone: () _____ - _____		Cell phone: () _____ - _____	
E-mail:			

2.3. Respondent's business address

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

2.4. 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: _____

Part 3 – Statement of respondent

1. Are you under tutorship, curatorship or advisership? Yes No

2. Have you ever been convicted of a penal or criminal offence **outside Québec**? Yes No

3. Were you a director, 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 or 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

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 form 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 herein.

I declare that all the information in this form 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.

Name of respondent

Signature

Date

Documents to attach

I am attaching to this application:

- 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.

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*

**Confirmation of 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