

PAYMENT

CLIENT INFORMATION

Client No.			
Mr. Ms.	First name	Last name	
Name of firm		Telephone	

FEES PAYABLE

Payment for processing of application: _____

Application number (optional): _____

Invoice number (optional): _____

Amount due: \$ _____

METHOD OF PAYMENT

Cheque Money order	Payment must be made to the order of the Autorité des marchés financiers and must be dated the day you mail this form .
Visa MasterCard American Express	<p>I authorize the AMF to charge the amount of \$ _____.</p> <p>Card No.: _____ / _____ / _____ / _____</p> <p>Expiry date: _____ / _____ month year</p> <p>Name of cardholder _____ (in block letters)</p> <p>_____ Signature of cardholder Date: _____ / _____ / _____ day month year</p>

The AMF only accepts forms sent by **mail**.
No form sent by e-mail or by fax will be accepted.

Send your payment to the following address:

Autorité des marchés financiers
Place de la Cité, tour Cominar
2640, boulevard Laurier, bureau 400
Québec (Québec) G1V 5C1

Information Centre

Toll-free: 1-877-525-0337
Québec City: 418-525-0337
Montréal: 514-395-0337