



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		I authorize the AMF to charge the amount of \$			
MasterCard American Ex	nress	Card No.: / / /			
American Express		Expiry date:/ month year			
		Name of cardholder (in block letters)			
		Signature of cardholder Date:/ day month year			
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