

Application to cancel the probationary period

Important

This form is used to notify the AMF of the reasons for cancelling the probationary period.

The cancellation will take effect on the date the request is processed.

Under section 37, if, during a probationary period, a change in circumstances occurs affecting the accuracy of the information and documents provided, the trainee must notify the AMF within five days.

Under section 50, the supervisor or the firm or independent partnership on whose behalf he acts must inform the AMF within five days when the probationary period is discontinued or terminates.

AMF E-Services

Instead of filling out this form, you may now submit your application using our on-line service, please go to our website at www.lautorite.qc.ca/.

Part 1 – Employer identification (in block letters)

Employer's name

Client No.
(10 digits)

Registration No.

Mailing address

Civic No.

Street

Suite

Municipality

Province

Postal code

Part 2 – Identification of probationary period to cancel**Identification of trainee**☐ Ms.

First name(s)

Last name(s)

☐ Mr.Client No.
(10 digits)Beginning of
probationary period**Sector / sector class covered by the recommendation**☐ Insurance of persons☐ Accident and sickness insurance☐ Group insurance of persons (insurance and annuities)☐ Group insurance plans☐ Group annuity plans☐ Mortgage brokerage☐ Damage insurance (personal-lines and commercial-lines)☐ Personal-lines damage insurance☐ Commercial-lines damage insurance☐ Claims adjustment (personal-lines and commercial-lines)☐ Claims adjustment for personal-lines
damage insurance☐ Claims adjustment for commercial-lines
damage insurance

Part 3 – Declaration

Date of cancellation

Reason of cancellation: ☐ Abandoned by employer ☐ Abandoned by trainee ☐ Extended leave of the trainee

☐ Unavailability of supervisor
(leaving the company, extended leave,
heavy workload, etc.) ☐ Other

Please explain the reason for cancelling:

Part 4 –Declaration of provided information

I declare that the information provided in this form is accurate and complete. I have attached all supporting documents required to process my application.

Name (in block letters) of responsible
officer or authorized signatory

Signature

Date

You are reminded that, in Québec, private enterprises are subject to the obligations set out in the Act respecting the protection of personal information in the private sector, CQLR, c. P-39.1, which is administered by the Commission d'accès à l'information.

No form sent by e-mail or by fax will be accepted.The AMF will only accept forms in paper format sent
by mail.

Send your form and payment to:

Autorité des marchés financiersPlace de la Cité, tour PwC
2640, boulevard Laurier, bureau 400
Québec (Québec) G1V 5C1