

- APPLICATION TO CANCEL OR INTERRUPT PROBATIONARY PERIOD
- REQUEST TO CONFIRM CANCELLATION OR INTERRUPTION OF PROBATIONARY PERIOD

AMF E-Services

If you prefer to submit your application via our on-line service, please go to our website at <http://www.lautorite.qc.ca/en/e-services.html>.

Important

The supervisor and the trainee must each complete one form.

Excerpts from the Regulation respecting the issuance and delivery of representatives' certificates (no. 1):

- 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** must inform the AMF within five days if the trainees has discontinued or interrupted his probationary period.

PART 1 – CLIENT IDENTIFICATION (in block letters)							
INFORMATION ABOUT TRAINEE							
Client No. (10 digits)							
Ms. <input type="checkbox"/> Mr. <input type="checkbox"/>	First name				Last name		
Date of birth	____ / ____ / ____ year month day	Language of correspondence: French <input type="checkbox"/>			English <input type="checkbox"/>		
HOME ADDRESS							
Civic No.		Street				Apt.	
City				Province		Postal code	
Telephone (residence)				Telephone (business)			Ext.
Cell phone				E-mail			

PART 2 – PROBATIONARY PERIOD TO CANCEL OR INTERRUPT							
INFORMATION ABOUT THE SUPERVISOR							
Client No. (10 digits)				Sector/sector class			
Ms. <input type="checkbox"/> Mr. <input type="checkbox"/>	First name				Last name		

