

- 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 –IDENTIFICATION (in block letters)

Client No. (10 digits)					
Ms. <input type="checkbox"/>	First name			Last name	
Mr. <input type="checkbox"/>					
Date of birth	____ / ____ / ____	Language of correspondence: French <input type="checkbox"/> English <input type="checkbox"/>			
	year month day				
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"/>	First name			Last name	
Mr. <input type="checkbox"/>					

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PART 3 – REASONS FOR INTERRUPTION OR CANCELLATION

1. Why are you cancelling or interrupting this probationary period?
- Abandoned by employer*
 - Professional departure*
 - Sick leave*
 - Vacation period not given*
 - Probationary period not started*
 - Supervisor not in good standing*
 - NSF cheque
 - Parental leave
 - Death
 - Other*

* Please explain why you wish to cancel or interrupt this probationary period.

3. Date of interruption or cancellation: ___ / ___ / ___
 year month day

PART 4 – DECLARATION

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

First name: _____ Last name: _____

Signature _____ Date: ___ / ___ / ___
 year month day

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