

CONSENT FOR COMMUNICATING PERSONAL INFORMATION

- Authorization
 Revocation

If you are registered for AMF E-Services, attach this form under the tab “Other application/request / Authorization or Revocation of Consent for Communicating Personal Information.”

Use this form to authorize or revoke consent to communicate the applicant’s personal information.

PART 1 – INFORMATION ABOUT THE APPLICANT AUTHORIZING THE COMMUNICATION OF PERSONAL INFORMATION (in block letters)

Client No. (10 digits)							
Mr. <input type="checkbox"/>	Ms. <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 (home)			Telephone (business)			Ext.	
Cell phone			E-mail				

PART 2 – IDENTIFICATION OF PERSON TO WHOM THE AUTORITÉ DES MARCHÉS FINANCIERS IS AUTHORIZED TO COMMUNICATE PERSONAL INFORMATION (in block letters)

Mr. <input type="checkbox"/>	Ms. <input type="checkbox"/>	First name			Last name		
Business: _____				Title: _____			
HOME ADDRESS							
Civic No.		Street			Apt.		
City		Province			Postal code		
Telephone (residence)			Telephone (business)			Ext.	
MAILING ADDRESS (IF DIFFERENT THAN HOME ADDRESS)							
Civic No.		Street			Apt.		
City		Province			Postal code		
Telephone (residence)			Telephone (business)				

