

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. ☐ First name			Last name						
Date of birth / / Language of correspond			spondence:	French	<u> </u>	English 🕻	<u> </u>		
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.			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				
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Information Centre

Toll-free: 1-877-525-0337 Québec City: 418-525-0337 Montréal: 514-395-0337 dqual_rens-pers-Juin 2017

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Website: www.lautorite.qc.ca



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PART 3 – AUTHOR	IZATION					
Important						
about another perso	nation about the applicant identified in n contained in the client's file may onl ance with applicable legal provisions.					
I, the undersigned, _		, authorize the A	Autorité de	s marchés financiers		
	Name (in block letters)					
to communicate to the following:	ne person referred to in Part 2 any info	ormation about me o	contained i	n my file with respect to		
☐ Minimum qualifica	ations 🚨 Examinations 🚨 Proba	ationary/training per	iod	□ Certification		
and I release the Au the communication of	torité des marchés financiers, its office of such information.	ers and employees	of any resp	oonsibility arising from		
This authorization is	valid for one year as of the date of sig	gnature, unless cons	sent has be	een revoked.		
		Date:	_/	/		
Signature		year	month	day		
PART 4 – CONSEN	T REVOKED					
I, the undersigned,		, am revoking the consent				
	Name (in block letters)					
given to the person i	referred to in Part 2 as of the date belo	OW.				
		Date:	1	/		
Signature		year	month	day		
	The AMF only accepts forms sent b mail or by fax will be accepted.	y mail . No form se	nt by e-			
	Send your form to the following add	ress:				
	Autorité des marchés					

Place de la Cité, tour Cominar 2640, boulevard Laurier, bureau 400

Québec (Québec) G1V 5C1

Information Centre

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