




WHISTLEBLOWER INFORMATION FORM

WANT TO SUBMIT A WHISTLEBLOWER REPORT?	IT WILL BE TREATED IN THE STRICTEST CONFIDENCE
<p>Complete this form and send it to the <i>Autorité des marchés financiers</i> (AMF) by:</p> <p>a) E-mail Send the completed form to denonciation@autorite.qc.ca</p> <p>To ensure confidentiality, we recommend you send us the form using your personal e-mail, not via corporate e-mail.</p> <p>(Any relevant documents you would like to submit may be included as attachments.)</p> <p>b) Mail Print the form and mail it to: C.P. 593 800, rue du Square-Victoria Montréal (Québec) H4Z 1J8</p>	<p>To ensure confidentiality, no acknowledgement of receipt will be sent to you.</p> <p>A team specialized in processing whistleblower reports will read and analyze your report while taking strict measures to keep your identity confidential.</p> <p>If additional information or clarification is required after your report is analyzed, an investigator from the Whistleblower Program will contact you in the strictest confidence.</p> <p>If your report leads to an investigation by the AMF, Whistleblower Program staff, in order to protect the integrity of the process, will not disclose any information to you concerning the status of the investigation while it is ongoing.</p>



NEED HELP?

Do you need help filling out this form or have questions about the Whistleblower Program? **Call 1-866-332-0115.**

Leave a detailed message, along with your contact information, and an agent from our Whistleblower Program will contact you, in the strictest confidence, as soon as possible.

For matters not related to the Whistleblower Program, please contact the AMF Information Centre.

PART 1 - Information about you			
YOUR CONTACT INFORMATION			
Ms. Mr.	Last name		First name
Address			
No.	Street	Apt.	
City		Province	Postal code
Number where you can be reached			
Telephone (home)	Mobile	Telephone (office)	Ext.
Fax		E-mail	
Language of correspondence: French English			



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PART 2 - Information about the businesses and/or individuals involved in the wrongdoing

CONTACT INFORMATION OF THE **BUSINESSES** INVOLVED IN THE WRONGDOING

1

Name of business			
Address (of office or person)			
No.	Street	Suite	
City		Province	Postal code
Telephone		Fax	E-mail

2

Name of business			
Address			
No.	Street	Suite	
City		Province	Postal code
Telephone		Fax	E-mail

3

Name of business			
Address			
No.	Street	Suite	
City		Province	Postal code
Telephone		Fax	E-mail



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CONTACT INFORMATION OF THE **INDIVIDUALS** INVOLVED IN THE WRONGDOING

1

Ms. Mr.	Last name	First name	
Occupation		Employer	
Address			
No.	Street	Apt.	
City		Province	Postal code
Telephone		Fax	E-mail

2

Ms. Mr.	Last name	First name	
Occupation		Employer	
Address			
No.	Street	Apt.	
City		Province	Postal code
Telephone		Fax	E-mail

3

Ms. Mr.	Last name	First name	
Occupation		Employer	
Address			
No.	Street	Apt.	
City		Province	Postal code
Telephone		Fax	E-mail



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PART 3 - DESCRIPTION

DESCRIBE THE SITUATION YOU WOULD LIKE TO BRING TO THE ATTENTION OF THE AMF. PROVIDE ANY RELEVANT INFORMATION AND EXPLAIN WHAT PROMPTED YOU TO REPORT THIS SITUATION.

Use a separate sheet, if necessary.



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LIST OF ATTACHED DOCUMENTS

List the documents attached in support of your allegations (e.g., copies of contracts, account statements, etc.).

PLEASE KEEP THE ORIGINALS.