



APPLICATION FOR REVIEW OF DECISION BY COMPENSATION FUND

PLEASE CAREFULLY READ THE INFORMATION ON THE BACK OF THIS FORM.

1 IDENTIFICATION

Mr. Ms.	Last name	First name	
Adresse			
N°	Street		App.
City		Province	Postal Code
Telephone (Home)		Other Telephone (Specify)	
E-mail			

2 INFORMATION ON DECISION FOR WHICH YOU ARE APPLYING FOR REVIEW

Decision No.:	Date of decision: (yyyy-mm-dd)
---------------	--------------------------------

3 DETAILS OF APPLICATION FOR REVIEW

Please indicate all the reasons in support of your application for review and attach any documents you have not already provided to the *Autorité des marchés financiers* (AMF).

If necessary, you may add pages to this form.

4 SIGNATURE OF APPLICANT

Signature:	Date (yyyy-mm-dd)
------------	-------------------

INFORMATION CONCERNING YOUR APPLICATION FOR REVIEW

1. Filing of application for review

Your application for review must be submitted to the AMF as soon as possible after the date of the decision.

Please send your application for review to the following address:

Secrétariat général – Autorité des marchés financiers
Place de la Cité, tour Cominar
2640, boulevard Laurier, suite 400
Sainte-Foy (Québec) G1V 5C1

or by e-mail at secretariat@lautorite.qc.ca

A member of the AMF's Corporate Secretariat team will call you in the days following receipt of your application for review. A decision will be issued subsequently.

2. Contestation of application for review

If you are not satisfied with the decision issued by the AMF following your application for review, you may apply for a judicial review before the Superior Court of Québec under section 529 of the *Code of Civil Procedure* of Québec.

Given that a judicial review must be instituted as soon as possible after the date of the contested decision, we suggest that you consult a legal advisor if you are considering this type of recourse.

For more information

You can contact the Information Centre at:

Telephone: 1-877-525-0337