

**Important**

- Use an ink pen.
- Print out additional pages if you need more space.
- Once the form is completed, send it immediately to:  
CP 593 SUCC PLACE VICTORIA  
Montréal (Québec) H3C 0G5

**STEP**

- 1** Individuals or businesses involved    **2** Summary of events    **3** Documents    **4** About you    **5** Confirmation and submission

**Identify the individuals or businesses that are the subject of this disclosure**

**Individuals involved** — Please provide the information in your possession.

Individual

First name*				Home or office address			
Last name*				Apartment/office			P.O. Box / Station
Job position/ title				City			Province
Telephone/cell E.g.: 514-555-5555				Country			Postal code
E-mail							

Individual

First name*				Home or office address			
Last name*				Apartment/office			P.O. Box / Station
Job position/ title				City			Province
Telephone/cell E.g.: 514-555-5555				Country			Postal code
E-mail							

\* Mandatory fields

**Individual**

First name*				Home or office address			
Last name*				Apartment/office			P.O. Box / Station
Job position/title				City			Province
Telephone/cell E.g.: 514-555-5555				Country			Postal code
E-mail							

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Job position/title				City			Province
Telephone/cell E.g.: 514-555-5555				Country			Postal code
E-mail							

\* Mandatory fields

**Businesses involved** — Please provide the information in your possession.

**Business**

Name*		Corporate address			
Enterprise number		Office/suite		P.O. Box / Station	
Telephone		City		Province	
Corporate e-mail		Country		Postal code	
Website E.g.: www.entreprise.com					

**Business**

Name*		Corporate address			
Enterprise number		Office/suite		P.O. Box / Station	
Telephone		City		Province	
Corporate e-mail		Country		Postal code	
Website E.g.: www.entreprise.com					

**Business**

Name*		Corporate address			
Enterprise number		Office/suite		P.O. Box / Station	
Telephone		City		Province	
Corporate e-mail		Country		Postal code	
Website E.g.: www.entreprise.com					

\* Mandatory fields

1 | Individuals or  
businesses involved

2 | **Summary  
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## Tell us about the misconduct

By **misconduct**, we mean failure(s) to comply with, or offences under, the Acts listed in [section 7<sup>1</sup>](#) of the *Act respecting the regulation of the financial sector*.

**Important:** Information or documentation covered by lawyer-client or notary-client privilege (professional secrecy) may be submitted using this form if you are the holder of that privilege, i.e., you are the person who communicated with the lawyer or notary for the purpose of obtaining the legal opinion. It may also be submitted where such privilege has been otherwise waived. If you are in doubt about the application of the privilege, do not submit the information or documentation

### When did the misconduct occur?\*

The misconduct occurred in the **past**

The misconduct is occurring **now**

The misconduct will be occurring **soon**

I don't know

Please specify:\*

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<sup>1</sup><https://www.legisquebec.gouv.qc.ca/en/document/cs/E-6.1>

\* Mandatory fields









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## Attach the relevant documents

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**Do you currently have documents in your possession** (files, e-mail, images, audio or video recordings, etc.) **that you wish to provide to the AMF to support the misconduct?\***

Yes

No

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### Important

- For each paper or digital document to be submitted, please attach a copy of page 10 so that we can identify it.
- Keep your **original documents** to ensure their integrity.

\* Mandatory fields

**Attached document** — Identify the submitted documents.

Print this page for each document.

Document No. \_\_\_

Document name / File name\*

Type / Extension\* (for digital documents)  
E.g.: MSG, JPEG, WORD, etc.

Size / Number of pages\*  
E.g.: 3.22 MB, 15 pages

Describe the document:\* (E.g.: contract, copy of a cheque, e-mail exchange, etc.)

**How was it obtained?\***

**Is it likely to reveal your identity?\***

Yes

No

**In your view, what does the document demonstrate?**

\* Mandatory fields



**Did you speak with anyone about the steps you took to report the misconduct?\***

Yes

No

Please specify:

I have had prior communication with the AMF regarding this matter.

I have had communication with another body or a law enforcement agency regarding this matter.

I have discussed the matter with a family member or close friend.

I have discussed the matter with a co-worker or my employer.

Other(s):

**Are you aware of any investigations or legal proceedings pertaining to the same facts as described in this disclosure?\***

Yes

No

Please specify:\* (E.g.: body, file number, proceeding, names of the parties, etc.)

**Are you a member of a professional order?\***

Yes

No

Please specify:

\* Mandatory fields

Your contact information

First name				Home or office address			
Last name				Apartment / office			P.O. Box / Station
Job position / title				City			Province
Telephone/cell (E.g.: 514-555-5555)				Country			Postal code
Telephone (office) (E.g. :514-555-5555)						Ext.	
E-mail							

### Does the AMF protect my identity?

- The AMF will take all the necessary steps to protect your identity.
- Confidentiality may have to be lifted if so ordered by a Court or where permitted by law.
- You can trust that whistleblower protection measures, including **anti-reprisal measures, are available to you under the law.**

### Communication preference

In order to effectively process your disclosure, the AMF must be able to contact you. The AMF will contact you by telephone using a hidden (unknown) number.

- My Telephone/cell number
- 
- My Office telephone number
- 

### Confidentiality

- The AMF processes all personal information collected by it in accordance with the *Act respecting access to documents held by public bodies and the protection of personal information*.
- Your personal information will be accessible at all times, at the AMF, only to the persons authorized to have access to it for the discharge of their duties. The information will be processed in compliance with the requirements of that Act and any other applicable laws and legal principles. You have a right of access with respect to the personal information about you.

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## Confirmation and submission

Anyone who provides information that they know to be false or misleading when making a disclosure, is guilty of an offence under the *Act respecting the regulation of the financial sector*.

### In this disclosure:

- To the best of my knowledge, the information I am submitting to the AMF is true and accurate;
- I will keep any information shared in connection with this disclosure and subsequent communication confidential, except from my lawyer;
- I understand and agree that submitting this disclosure to the AMF shall in no way relieve me of any responsibility for my acts;
- I will not be given any promise of immunity from prosecution for any misconduct or offence I may have committed;
- I consent to provide my personal information, if applicable, for the purposes of processing my disclosure
- The AMF will take all necessary steps to protect my identity. However, the AMF may disclose my identity if ordered to do so by a Court or where permitted by law.

**I certify that I have read and understand the above terms and conditions.**