



DO YOU NEED ASSISTANCE?

IF YOU NEED HELP completing this form or if you have questions:

Visit our website: www.lautorite.gc.ca or contact an agent at the AMF's Information Centre by calling one of the numbers indicated below

Montréal • 514-395-0337 Québec City • 418-525-0337 Toll-free • 1-877-525-0337

PART 1 - IDENTIFICATION

A

YOUR CONTACT INFORMATION

AMF client number (if you have one)
(10 digits)

| | | | |
|---|---------------|-------------------------|-------------|
| Ms. Mr. | First name | Last name | |
| Adresse | | | |
| No. | Street | | Apt. |
| City | | Province | Postal code |
| Telephone (home) | Cell phone | Telephone (business) | Ext. |
| Fax | | E-mail | |
| Language of correspondence: English French | | | |

B

CONTACT DETAILS OF THE INDIVIDUAL AGAINST WHOM YOU ARE FILING A REPORT

| | | | |
|------------------|---------------|--------------|-------------|
| Ms. Mr. | First name | Last name | |
| Adresse | | | |
| No. | Street | | Apt. |
| City | | Province | Postal code |
| Telephone (home) | Ext. | Fax | |
| E-mail | | | |

C

CONTACT DETAILS OF THE FIRM AGAINST WHICH YOU ARE FILING A REPORT

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



PART 2 - DESCRIPTION

A DESCRIBE THE SITUATION THAT CONCERNS YOU

Use another sheet of paper, if necessary.

B DOCUMENTS TO ATTACH

Attach relevant supporting documents.

REMEMBER TO KEEP YOUR ORIGINAL COPIES

| | |
|----------------|------|
| Your signature | Date |
|----------------|------|

TO SEND THIS FORM to the AMF, you can :

▶ Press **SEND** to submit the electronic version

SEND

▶ **Print the form** and mail it to:

AUTORITÉ DES MARCHÉS FINANCIERS

Place de la Cité, tour Cominar
2640, boulevard Laurier, bureau 400
Québec (Québec) G1V 5C1

TELEPHONE:

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