



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
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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

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Québec (Québec) G1V 5C1

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