

# FORM TO REQUEST THE TRANSFER OF A FILE TO THE AUTORITÉ DES MARCHÉS FINANCIERS (AMF)

**YOU ARE NOT SATISFIED WITH THE FINAL RESPONSE OR THE HANDLING OF YOUR COMPLAINT?**

1. You can send this form to the firm against which you are filing your complaint.
2. As required by law, the firm is obliged to transfer your file to the AMF.

## **A** YOUR CONTACT INFORMATION

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

## **B** CONTACT INFORMATION OF FIRM

Name of firm				
Ms. Mr.	Last name of person in charge of your file		First name	
Address				
No.	Street			Suite
City		Province		Postal code
Telephone			Extension	
Fax			E-mail	

## **C** INFORMATION TO IDENTIFY YOUR FILE

Examples: File, contract, insurance policy and account numbers, date of birth, etc.

## **D** I REQUEST THAT MY FILE BE TRANSFERRED TO THE AUTORITÉ DES MARCHÉS FINANCIERS.

Your signature	Date
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### **AUTORITÉ DES MARCHÉS FINANCIERS**

Direction des plaintes et de l'indemnisation  
Place de la Cité, tour Cominar  
2640, boulevard Laurier, bureau 400  
Québec (Québec) G1V 5C1

### **TELEPHONE:**

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

### **FAX:**

Toll-free • 1 877 285-4378