

IDENTIFICATION					
INFORMATION ABOUT THE FIRM OR INDEPENDENT PARTNERSHIP					
Name of business		NEQ (10 digits)			
Other names used in Québec, if applicable					
Name of person who has control		This person's OACIQ licence number			
Language of correspondence: French <input type="checkbox"/> English <input type="checkbox"/>					
ADDRESS OF HEAD OFFICE					
Civic No. / P.O. Box		Street		Suite/ Unit	
Municipality		Province		Postal code	
Telephone		E-mail			
ADDRESS OF PRINCIPAL ESTABLISHMENT IN QUÉBEC			Same as head office address <input type="checkbox"/>		
Civic No. / P.O. Box		Street		Suite/ Unit	
Municipality		Province		Postal code	
Telephone		E-mail			
MAILING ADDRESS		Same as head office <input type="checkbox"/> Same as principal establishment <input type="checkbox"/>			
Civic No. / P.O. Box		Street		Suite/ Unit	
Municipality		Province		Postal code	

CERTIFICATION					
RESPONSIBLE OFFICER OR PARTNER / AUTHORIZED SIGNATORY					
I certify that the information provided in this form is accurate and complete.					
Mr. <input type="checkbox"/>	Ms. <input type="checkbox"/>	First name		Last name	
Signature				Date	____ / ____ / ____ year month day

After filling out the form,
please save it and return it by email at:

courtage.hypothecaire@lautorite.qc.ca