

SECTION 1 – IDENTIFICATION

INFORMATION ABOUT THE REPRESENTATIVE

Client No. (10 digits)			
Ms. <input type="checkbox"/>	Mr. <input type="checkbox"/>		
First name			
Last name			
Date of birth	____ / ____ / ____	year	month / day

Important

Candidates seeking registration in a sector governed by An Act respecting the distribution of financial products and services, CQLR, c. D-9.2, (the “Distribution Act”), who have other employment must demonstrate availability and diligence and not pursue activities or occupations that are incompatible with the pursuit of activities as a representative. Therefore, your file must be examined. The processing of your application, will be done when you will provide the documents indicated in section 3. If necessary, attach additional sheets.

If you are a representative of a mutual fund or scholarship plan dealer governed by the Securities Act, you must update your registration file in the National Registration Database (NRD).

SECTION 2 – DECLARATION

Will you be carrying out activities (remunerated or not) in a field other than that which is related to your practice as a representative during the time that you hold a probationary certificate or a representative’s certificate? <i>You may answer “no” to this question if your other activity is related to a right to practise issued by the AMF or a mortgage broker licence issued by the Organisme d’autoréglementation du courtage immobilier du Québec (OACIQ).</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you already declared this other activity?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

DETAIL ABOUT YOUR EMPLOYER

Ms. <input type="checkbox"/>	Mr. <input type="checkbox"/>		
First Name		Last Name	
Activities		Clientele	
Head Office			
Telephone		E-Mail	

Describe your position (functions, duties, responsibilities).

Do you intend to be dually employed for a long period?

Yes No

If not, when will you terminate your other employment? _____ / _____ / _____
year month day

Explain how your situation would not compromise the protection of the public, not result in a conflict of interest and not place you in an incompatible situation.

Do you have your own business?

Yes No If

If so:

What is the name of your business? _____

For how long have you been in business? _____ / _____ / _____
year month day

How many employees do you have? _____

Who is your business's target clientele? _____

How do you prospect this clientele? _____

Who will be your target clientele as a representative? _____

How will you prospect this clientele? _____

Will there be a link between your company's clientele and the clients you have as a representative?

Yes No

If so, please explain.

Do you have other employment to declare? Yes No

Please complete a separate form for each employment.

Are you a member of a professional order? Yes No

If so, which one? _____

What is your member number? _____

Do you carry out activities related to this profession? Yes No

If you already hold a right to practise, the regulations stipulate that you must notify the AMF in the week following any change. If you failed to do so, please explain why.

SECTION 3 – REQUIRED SUPPORTING DOCUMENTS

	SUPPORTING DOCUMENTS
Declaration – CV <i>1 document required</i>	<input type="checkbox"/> Curriculum vitae
Dual employment <i>2 documents required*</i> <i>Except independent representatives</i> <i>(1 document)</i>	<input type="checkbox"/> Employer Attestation (enclosed) <input type="checkbox"/> Attestation from officer responsible for the firm confirming that he/she is aware of your other employment <input type="checkbox"/> Other document supporting your statements

SECTION 4 – INFORMATION DECLARATION

I declare that the information provided in this form is accurate and complete.

Mr. <input type="checkbox"/>	First name		Last name	
Ms. <input type="checkbox"/>				
Signature			Date	____ / ____ / ____ year / month / day

The AMF only accepts forms sent by **mail**.
No form sent by e-mail or by fax will be accepted.

Send your form to the following address:

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

Important

Please note that AMF staff may validate the information provided in this form.

SECTION A – IDENTIFICATION

Name of candidate		Client No. (10 digits)	
NAME OF PERSON COMPLETING THE ATTESTATION			
Ms. <input type="checkbox"/>	Mr. <input type="checkbox"/>	Title	
First Name			Last Name
No.	Street	Apt.	
City	Province	Postal Code	
BUSINESS			
Name of business			
No.	Street	Suite/ Unit	
City	Province	Postal Code	

SECTION B – DECLARATION

1. On what date did this employee begin working for your business? _____ / _____ / _____
year month day
2. How many hours per week does this employee work for your business? _____ hours
3. What position does this employee hold and what are his/her duties?

4. Please specify the type of information this employee may access. You must demonstrate that this employee does not have access to privileged information and that he/she may not use privileged information in his/her activities as a representative.

5. Explain how this person's responsibilities, tasks and duties are not in conflict with his activities as an insurance or securities representative.

6. Do you agree with your employee pursuing activities as an insurance or securities representative while working for your business?

SECTION C – INFORMATION DECLARATION

I declare that the information provided in this form is accurate and complete.

Mr. <input type="checkbox"/>	First name		Last name	
Ms. <input type="checkbox"/>				
Signature			Date	____ / ____ / ____ year month day

Important

Please note that AMF staff may validate the information provided in this form.

PART 1 – TO BE COMPLETED BY THE CANDIDATE OR REPRESENTATIVE			
SECTION A – IDENTIFICATION REGARDING THE CANDIDATE OR REPRESENTATIVE			
Name of candidate / representative		Client No.(10 digits)	
SECTION B – DÉCLARATION OF THE OTHER EMPLOYMENT			
Other employment declared			
SECTION C - DÉCLARATION REGARDING THE INFORMATION PROVIDED			
<p>I declare that the information provided in this form is accurate and complete. I have attached all supporting documents required to process my application.</p> <p>I authorize the AMF to contact the firm identified in part 2 where I will carry out activities to validate any information provided in this form and its appendices.</p>			
Mr. <input type="checkbox"/>	First name		Last name
Ms. <input type="checkbox"/>			
Signature		Date	____ / ____ / ____ year month day

PART 2 – TO BE COMPLETED BY THE RESPONSIBLE OFFICER OR CHIEF COMPLIANCE OFFICER							
SECTION D – IDENTIFICATION REGARDING THE RESPONSIBLE OFFICER OR CHIEF COMPLIANCE OFFICER							
Ms. <input type="checkbox"/>	Mr. <input type="checkbox"/>	Title					
First name				Last name			
Civic No.		Street				Apt. / Unit	
City			Province		Postal code		
FIRM							
Name of firm				Client No. (10 digits)			
Civic No.		Street				Suite / Unit	
City			Province		Postal code		

Were you informed that this person would be holding a second occupation in another field while in your employ and have you authorized this?

Yes No

As the firm's responsible officer/chief compliance officer, I acknowledge that it is my responsibility to ensure that this person will hold this second occupation in accordance with laws and regulations, in particular by ensuring that the second occupation declared in this form does not create a conflict of interest with the person's activities in the financial services sector.

Yes No

SECTION E – DÉCLARATION REGARDING THE INFORMATION PROVIDED

I declare 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