



1. Please indicate whether, in your opinion, the cessation of business is related to:

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| a. Protection of the public                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. The integrity of the registrant                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. The obligations and responsibilities of the registrant | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Wrongful conduct                                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

***If not, please skip to section 4***

If so, please indicate whether the conduct:

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| a. is related to the registrant's activities?         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. took place in connection with one or more clients? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. was an isolated act?                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| o If not, how many times was the act repeated? _____  |                              |                             |
| d. resulted in an internal investigation?             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If so, please give results of the investigation:

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Resulted or will result in legal action on your part?  Yes  No

2. Please indicate whether a complaint about the representative's conduct was filed with the *Chambre de la sécurité financière*, the *Chambre de l'assurance de dommages* and/or the Police?  Yes  No

If no complaints were filed, please explain:

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## SECTION 3 – REQUIRED SUPPORTING DOCUMENTS

	SUPPORTING DOCUMENTS
<b>Cessation of business</b> <i>0 document required</i>	<input type="checkbox"/> Document pertaining to the cessation of business (if applicable) <input type="checkbox"/> Copy of the complaint (if applicable)

## SECTION 4 – INFORMATION DECLARATION

I declare that the information provided in this form is accurate and complete. Attached are all the supporting documents required to process my application.

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**.

Forms sent by e-mail will **not** 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  
 Fax: (418) 528-7031