

Before completing this form, please read the following carefully:

Under An Act respecting the distribution of financial products and services, CQLR, c. D-9.2, a firm that ceases to do business with another registrant (a firm, an independent representative or an independent partnership) for reasons relating to its activities must inform the *Autorité des marchés financiers* (the "Authority" or the "AMF") without delay. A firm that informs the AMF of such reasons incurs no civil liability thereby.

You are reminded that, in Québec, private enterprises are subject to the obligations set out in the *Act respecting the protection of personal information in the private sector*, CQLR, c. P-39.1, which is administered by the Commission d'accès à l'information.

SECTION 1 – IDENTIFICATION				
INFORMATION ABOUT THE FIRM COMPLETING THE FORM				
Registration No. (6 digits)		Name of business		
Cessation date	/ / year month da	y		

	NFORMATION ABOUT THE FIRM, INDEPENDENT PARTNERSHIP OR INDEPENDENT REPRESENTATIVE CONCERNED BY THE CESSATION OF BUSINESS		
Registration No. (6 digits)		Name of business	

SECTION 2 – DECLARATION

Please indicate the facts and circumstances leading to the cessation.

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

	a.	Protection of the public		
	b.	The integrity of the registrant	Yes	🖵 No
	C.	The obligations and responsibilities of the registrant	Yes	🖵 No
	d.		Yes	🖵 No
	u.	Wrongful conduct	Yes	🖵 No
		If not, please skip to section 4		
lf s	so, p	lease indicate whether the conduct:		
	a.	is related to the registrant's activities?	🖵 Yes	🖵 No
	b.	took place in connection with one or more clients?	🖵 Yes	🖵 No
	C.	was an isolated act?	🖵 Yes	🖵 No
		 If not, how many times was the act repeated? 		
	d.	resulted in an internal investigation?	🖵 Yes	🖵 No
		If so, please give results of the investigation:		
		Resulted or will result in legal action on your part?	🖵 Yes	🖵 No
2.	wit	ease indicate whether a complaint about the representative's conduct was filed h the <i>Chambre de la sécurité financière</i> , the <i>Chambre de l'assurance de mmages</i> and/or the Police?	🖵 Yes	🖵 No
	lf r	no complaints were filed, please explain:		



SECTION 3 – REQUIRED SUPPORTING DOCUMENTS			
	SUPPORTING DOCUMENTS		
Cessation of business 0 document required	 Document pertaining to the cessation of business (if applicable) 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. 🖵 Ms. 🖵	First	name		Las	t name	
Signature					Date	/ / year monthday

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

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