

Before completing this form, please read the following carefully:

Use this form to designate a new compliance supervisor for a representative under strict or close supervision condition. The *Autorité des marchés financiers* (“AMF”) will analyze the file of the designated compliance supervisor to determine whether they meet the required conditions.

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.

PART 1 – IDENTIFICATION

INFORMATION ABOUT THE REPRESENTATIVE UNDER SUPERVISION

Mr. <input type="checkbox"/>	First name		Last name	
Ms. <input type="checkbox"/>				
Certificate No. (6 digits)		Client No. (10 digits)		
Registration No. (6 digits)		Name of business		

INFORMATION ABOUT THE NEW COMPLIANCE SUPERVISOR

Mr. <input type="checkbox"/>	First name		Last name	
Ms. <input type="checkbox"/>				
Title		Position		
Certificate No. (6 digits)		Client No. (10 digits)		
Registration No. (6 digits)		Name of business		
Date of change of supervisor	____ / ____ / ____ year month day			

PART 2 – DECLARATION REGARDING THE INFORMATION PROVIDED

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** or submitted through **AMF E-Services**.

Forms sent by e-mail or fax **will not** be accepted.

Please send your form to:

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

Information Centre

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

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