

## 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

Where a candidate or representative is or has been bankrupt, under sections 218 and 219 of An Act respecting the distribution of financial products and services, CQLR, c. D-9.2, or sections 151 and 151.0.1 of the Securities Act, CQLR, c. V-1.1, the Autorité des marchés financiers (the “Authority” or the “AMF”) may impose restrictions or conditions on his certificate or his registration as a representative of a mutual fund or scholarship plan dealer, may refuse to issue a certificate or registration or may cancel it. The AMF will analyze your file based on your answers to the following questions. Further to this analysis, your right to practise could be refused, withdrawn or restricted, depending on your situation.

The AMF will begin its analysis of your application when all supporting documents have been received.

## SECTION 2 – DECLARATION

On what date did you declare bankruptcy? \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
year month day

Have you been discharged from your bankruptcy? Yes  No

If so, on what date? \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
year month day

If not, on what date do you expect to receive your discharge? \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
year month day

What were the causes and circumstances of your bankruptcy?

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What are the circumstances and/or conditions related to your discharge?

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Is there any link between your bankruptcy and your professional activities?    Yes  No

What was your source of income at the time of your bankruptcy?

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What are the sources and types of all debts listed on your bankrupt's statement?

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Are there any individuals who are creditors in your bankruptcy? Yes  No

If so, what are your professional and/or personal relationships with these persons?

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Were any financial sector entities, in particular a firm or an insurer, creditors in your bankruptcy? Yes  No

If so, what are your professional and/or personal relationships with them?

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In what way would your situation not compromise the protection of the public?

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

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Do you have other bankruptcies to declare? Yes  No

**Please complete a separate form for each bankruptcy.**

## SECTION 3 – REQUIRED SUPPORTING DOCUMENTS

	SUPPORTING DOCUMENTS
<b>Declaration – CV</b> <i>1 document required</i>	<input type="checkbox"/> <i>Curriculum vitae</i>
<b>Bankruptcy</b> <i>1 document required</i>	<input type="checkbox"/> Bankrupt's statement
<b>Discharge from bankruptcy</b> <i>1 or 2 documents required, depending on the situation</i>	<input type="checkbox"/> Report of trustee on bankrupt's application for discharge (if you have not been discharged) <input type="checkbox"/> Motions to oppose (if you have not been discharged and motions were filed) <input type="checkbox"/> Evidence of your discharge (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**.  
**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