

Before completing this form, please read the following carefully:

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 Further to this analysis, your right to practise could be refused, withdrawn or restricted, depending on your situation.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.

Rights of access and correction

You may examine the personal information concerning you, obtain a copy of it or request that it be corrected if it is inaccurate, incomplete or equivocal, or if the collection, release or keeping of the information is not authorized under the *Act respecting Access to documents held by public bodies and the Protection of personal information*, CQLR, c. A-2.1. If you have any questions on this topic, please visit the AMF website at [Information Access | AMF \(lautorite.gc.ca\)](http://www.lautorite.gc.ca)

SECTION 1 – IDENTIFICATION

INFORMATION ABOUT THE REPRESENTATIVE

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

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?

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

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?

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

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?

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?

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

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.

Do you have other bankruptcies to declare? Yes No

Please complete a separate form for each bankruptcy.

SECTION 3 – REQUIRED SUPPORTING DOCUMENTS

SUPPORTING DOCUMENTS	
Declaration – CV <i>1 document required</i>	<input type="checkbox"/> <i>Curriculum vitae</i>
Bankruptcy <i>1 document required</i>	<input type="checkbox"/> Bankrupt's statement
Discharge from bankruptcy <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 – DECLARATION REGARDING THE INFORMATION PROVIDED

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** 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