

Before completing this form, please read the following carefully:

You must complete this form if either of the following situations applies to you:

- You filed for bankruptcy, made an assignment of your property or were placed under a receiving order pursuant to legislation relating to bankruptcy or insolvency;
- You filed a consumer proposal or a proposal (a “proposal”) pursuant to legislation relating to bankruptcy or insolvency.

The Autorité des marchés financiers (AMF) will analyze the causes and circumstances surrounding your situation based on the information and documents you submit to it or that it may obtain, particularly from the Office of the Superintendent of Bankruptcy. Special attention is given to the following:

- The reasons you declared bankruptcy or filed a proposal;
- The types of debt, particularly if financial services participants (individuals or entities) are creditors in your bankruptcy or proposal; and
- The cumulative number of bankruptcies or proposals.

After analyzing your file, the AMF may decide to:

- Place conditions or restrictions on your right to practise;
- Refuse to issue or renew your right to practise; or
- Revoke your right to practise.

If you are a representative governed by the *Securities Act*, CQLR, c. V-1.1, your registration file must also be updated by the sponsoring firm in the National Registration Database (NRD).

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 \(lautorite.qc.ca\)](http://www.lautorite.qc.ca).

SECTION 1 – IDENTIFICATION

INFORMATION ABOUT THE CANDIDATE OR REPRESENTATIVE

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

SECTION 2 – DECLARATION

1. Please indicate if you are declaring:

a bankruptcy

or

a proposal

2. On what date did you declare bankruptcy or file a proposal? _____ / _____ / _____
year month day

3. Have you been discharged from your bankruptcy or has your proposal been fully performed? Yes No

➤ If so, on what date? _____ / _____ / _____
year month day

➤ If not, on what date do you expect to receive your discharge or to have fully performed your proposal?
_____ / _____ / _____
year month day

4. What were the causes of and circumstances surrounding your bankruptcy or proposal?

5. What are the circumstances and conditions related to the discharge of your bankruptcy or the full performance of your proposal?

6. Is your bankruptcy or proposal related to your activities as a representative? Yes No

7. What was the source of your income at the time of your bankruptcy or proposal?

8. What is the nature of all debts listed in your bankrupt's statement of affairs or proposal?

9. Are any individuals included among your creditors? Yes No

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

10. Are financial sector entities, particularly a firm or an insurer, among your creditors? Yes No

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

11. Explain how your situation would not compromise the protection of the public.

12. If you already hold a right to practise, the regulations stipulate that you must notify the AMF within five (5) days following the filing of your bankruptcy or proposal. If you failed to do so, please explain why.

13. Do you have other bankruptcies or proposals to disclose? Yes No

➤ *If you answered yes, please complete a separate form for each bankruptcy or proposal.*

SECTION 3 – REQUIRED SUPPORTING DOCUMENTS

Missing or incomplete supporting documents will delay processing of your application.

SUPPORTING DOCUMENTS	
Bankruptcy or insolvency (1 document required)	<input type="checkbox"/> Statement associated with bankruptcy or proposal
Discharged from bankruptcy or proposal fully performed (1 document required)	<input type="checkbox"/> Evidence of discharge or of full performance
Bankruptcy not discharged or proposal not fully performed	<input type="checkbox"/> Report of trustee on bankrupt's application for discharge (if applicable) <input type="checkbox"/> Motions to oppose (if applicable)

SECTION 4 – DECLARATION ON INFORMATION PROVIDED

I declare that the information provided in this form is accurate and complete.

I undertake to notify the AMF of any change to any information or document I have furnished to the AMF within five (5) days of such change.

I have attached all the supporting documents required to analyze my file.

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 and supporting documents to:

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