

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 found guilty of an offence or a criminal act, 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. Therefore, your file will be examined.

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

SECTION 2 – DECLARATION

Have you pleaded guilty to or been convicted of an offence or a criminal act by a Canadian or foreign court, have you been the subject of a civil suit related to your activities as a representative, or has a disciplinary sanction been taken against you by a disciplinary committee? Yes No

You do not need to answer “Yes” to this question if you were found not guilty or if the charges against you were withdrawn.

If so, have you report this to the AMF?

Yes No

What is your court file number? _____

What are the causes and circumstances of the events regarding this offence?

What is the date of the offence? ____ / ____ / ____
year month day

Did you serve the full sentence? Yes No

Did you ever violate probation? Yes No

If so, explain the causes and circumstances:

Did you apply for a record suspension (pardon)? Yes No

If so, was it granted? Yes No

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

Explain why you believe that this offence is not related to the activities of a representative.

Explain in detail why you possess the necessary degree of honesty/integrity to pursue activities as a representative.

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

Do you have other convictions to declare?

Yes No

If so, please complete a separate form for each conviction.

SECTION 3 – REQUIRED SUPPORTING DOCUMENTS

	SUPPORTING DOCUMENTS
Declaration – CV <i>1 document required</i>	<input type="checkbox"/> Curriculum vitae
Statement of Guilt <i>1 document required</i>	<input type="checkbox"/> Judgment and sentence, if applicable <input type="checkbox"/> Record suspension (pardon), if applicable <input type="checkbox"/> Probation order, 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