

**Before completing this form, please read the following carefully:**

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.

**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 REPRESENTATIVE

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

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*You do not need to answer “Yes” to this question if you were found not guilty or if the charges against you were withdrawn.*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

---



---



---



---



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
<b>Declaration – CV</b> <i>1 document required</i>	<input type="checkbox"/> Curriculum vitae
<b>Statement of Guilt</b> <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 – 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